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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
		MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y

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B. KOHR

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EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

PRESTIGE SUPPLEMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

ŝ.

CUNICIPAL OF STATION The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON MEMMER

Name of Person

PRESTIGE SUPPLEMENTS LLC Firm/Company

2852 20TH AVENUE NORTH Address

ST PETERSBURG, FL 33713 City/State and Zip Code

HAMMIL@BTLS.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE HAMMIL Name of Person

727 at (

6388090

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building -2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

BOTH FOR LIMITED LIABILITY COMPANY	CE OK REGISTERED AGENT OK	
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered	
1. Name of the limited liability company: PRE	STIGE SUPPLEMENTS LLC	
2. (a) Principal office address of limited liability company	2852 20 AVENUE NORTH	
(Note: MUST BE STREET ADDRESS)	ST PETERSBURG, FL	
(b) Mailing address of limited liability company:	SAME AS ABOVE	
(Note: MAY BE POST OFFICE BOX)	·	
9.10.12	L12000115597	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
Registered Agent:	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:	
NEW Registered Agent:	BRUCE HAMMIL	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2852 20TH AVENUE NORTH	

STATEMENT OF CUANCE OF DECISTEDED OFFICE OD DECISTEDED ACENT OD

ST PETERSBURG ,FL 33713

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

BRUCE HAMMIL

Printed or typed name of signee

- 1⁻

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00