

L12000140436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

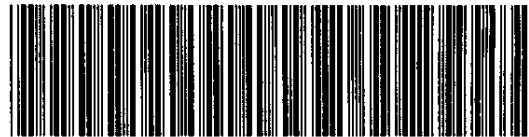
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA change

Office Use Only

was from
submitted a corp
RA form



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10/09/13--01020- -011 **35.00

FILED
13 OCT 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 28 2013

[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lipo Naturals LLC
Name of Corporation

DOCUMENT NUMBER: L12000140436

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph C. Frechette, Jr.
Name of Contact Person

Attorney at Law
Firm/Company

10800 Biscayne Blvd., #620
Address

North Miami, FL 33161
City/State and Zip Code

attorneyJF@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph C. Frechette, Jr. at (305) 892-4441
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2013

JOSEPH C. FRECHETTE, JR.
10800 BISCAYNE BLVD #620
NORTH MIAMI, FL 33161

SUBJECT: LIPO NATURALS LLC
Ref. Number: L12000140436

We have received your document for LIPO NATURALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the type of form, proper form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 213A00023876

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Lipo Naturals LLC

2. (a) Principal office address of limited liability company: 6012 Yucca Dr.
(Note: MUST BE STREET ADDRESS)

Fort Pierce, FL 34982

(b) Mailing address of limited liability company: (Same)
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 11/6/12

4. Document number: LI2000140436

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

USA-RA LLC

Registered Office Address:

841 Prudential Drive - 12th Fl.
Jacksonville, FL 32207

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Joseph C. Frechette, Jr.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

10520 Biscayne Blvd #622
North Miami, FL 33167

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

David Conardo

Printed or typed name of signer

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