L13000019519

11111 03:37:30 p.m. 03-06-2015 1/3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000058304 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

15 MAR -9 AM 10:53

15 MAR -9 AM 10:00

LLC REGISTERED AGENT CHANGE
NUTRAPACIFIC HEALTH SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

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H15000083043

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nutrapacific Health Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Satish pillai
Name of Person

Nutrapacific Health Solutions LLC
Firm/Company

3422 SW 15th St, Suite 5234
Address

Deerfield Beach FL, 33442
City/State and Zip Code

Satish.pillai@nutrapacific.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Satish pillai at (954) 246-0147
Name of Person 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

INI1S18 (2/14)

FILED
15 MAR -9 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03:37:50 p.m. 03-06-2015 3/33

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Nutraspecific Health Solutions LLC

2. (a) 3422 SW 15TH STREET SUITE #5234
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

DEERFIELD BEACH, FL 33442

(b) 4880 CYPRESS POINT CIRCLE #203
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

VIRGINIA BEACH, VA 23455

3. 02/07/2013 Date of filing/registration in Florida

4. L13000019519 Document number

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

3422 Sw 15Th Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Deerfield Beach, FL 33442

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17886 87th Court North
NEW Registered Office Address:

Loxahatchee, FL 33470

15 MAR -9 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Satish Pillai
Printed or typed name of signee

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 605, 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

Natalie Beles on behalf of Incorp Services, Inc.

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

INHS18 (2/14)

H15000058303