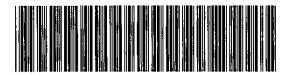
## L13000132741

(Req	uestor's Name)			
(Add	ress)			
(Add	Iress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800262247018

08/07/14--01008--013 \*\*25.00

14 AUG -7 PH 2:50

C. 15.W.S AUG 1 8 2014

## COVER LETTER

	stration Section sion of Corporations		· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	HEALTHY VENDING OPTIONS	3 LLC		
GODGEC I.	Name of Limited Liability Company			
Dear Sir or M	Madam:			
The enclosed	l Registered Agent/Registered Office C	Change and fee	e(s) are submitted for filing.	
Please return	all correspondence concerning this ma	atter to the fol	lowing:	
JEVON-W	ILLIAMS			
	Name of Person			
HEALTHY	VENDING OPTIONS LLC			
	Firm/Company			
29918 PR	AIRIE FALCON DR.			
	Address			
WESLEY	CHAPEL, FL 33545			
	City/State and Zip Code			
GLOBALE	DISTRIBUTORSGROUP@VERIZ	ZON.NET		
E-mail	address: (to be used for future annual	report notifica	tion)	
For further is	nformation concerning this matter, plea	ase call:		
JEVON W		813 .t (	407-2324	
	Name of Person	I	Area Code & Daytime Telephone Number	
Regi Divi Clifi 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Regis · Divis P.O. I	tration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enc	losed is a check for the following am	ount:		
☑ \$	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

. Na	ame of the limited hability company:		PTIONS, LLC
. (a)	29918 Prairie Falcon Drive	(b) <u></u>	9918 Prairie Falcon Drive
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wesley Chapel, FL 33545	<u>W</u>	esley Chapel, FL 33545
	09/09/2013	 L13	3000132741
	Date of filing/registration in Florida	4.	Document number
. (a)	Corporation Service Company		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1201 Hays Street	ADDRESS)	16 85 AS
	Tallahassee , FI	32301	
(b)	Jevon Williams		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	2: 5°
	NEW Registered Office Address:		
	29918 Prairie Falcon Dr.		
	Wesley Chapel , FI	33545	
he cha gent vas/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the registere ability compa of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) liability company or as otherwise provided in

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

notified in writing of this change.

Signature of Registered Agent