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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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RIACH

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: NUTRAPERSONAL WEALTH LLC Name of Limited Liability Company							
Dear Sir or Madam:	Company						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
KRISTINA WECHSLER Name of Person							
Firm/Company							
1050 FAIRVIEW LANE							
Address							
RIVIERA BEACH, FL 3 City/State and Zip Code	3404						
Kavees Egmal L. Com E-mail address: (to be used for future annual report	notification)						
For further information concerning this matter, please cal	l:						
KRISTIMA WECHS/ER at (5)	16 404-1784 Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
amount.							

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO:

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

1. Na	ame of the limited liability company: NUTRAPE	RSONAL	WEALTH	44	0
2. (a)	Principal office address of limited liability company:		FAIRVIE Mailing address of limited		
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	OFFICE	mpany: ROYO
	RIVIERA BEACH, FL 33404	RIVIER	CA BEACH,	FL	<u></u> 3340
RS	1121 GUIFSTREAM WAY				<u>_</u> _
NOU	RIVIERA BEACH, FL 3304				
,	6/12/2014	_ 44	10000943	315	
3.	Date of filing/registration in Florida 4	•	Document number		
5. (a)	UNITED STATES CORPORATIO	N AGE	WISIN	C	
	Registered Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Florida Agent and Registered Office shown on the records of the Registered Office shown on the records of the Registered Office shown on the Registered				
	13302 WINDING DAK CE	DUET F	4		
	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)	ما ز		
	<u>** </u>		•	>= co ⊝ ===	
_	TAMPA,FL 3	3617	ī. 2	HAR -	
(b) _	KRISTINA WITCHS/ER			7	
1	Enter name of NEW Registered Agent and/or NEW Registered Office	address:	ر		الث
	1050 FAIRVIEW LANE			4 : 24	
	NEW Registered Office Address:				
	RIVIERA BEACH ,FL 3	33404	, -		
f the lin	nited liability company is not organized under the laws of t	h- Ca-a - STI			
vas/were	authorized by an affirmative vote of the members of the	company, it is h	ereby confirmed that		
he articl	es of organization or the operating agreement of the limite	d liability compa	company or as otherwany.	isc provi	ided in
		,		1-0	1
	e of a member or authorized representative of a member	P	rinted or typed name of si	gnee	
l hereby rovision he oblig o merely otified i	accept the appointment as registered agent and agree to a is of all statutes relative to the proper and complete perfor ations of my position as registered agent as provided for in a reflect a change in the registered office address, I hereby			-	

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

Signature of Registered Agent