

L14000163848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUL 19 PM 4:26
DIVISION OF CORPORATIONS

C. SIMMONS
JUL 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2017

JULIE BENDER-SIBBIO
1561 MELLON WAY
SARASOTA, FL 34232

SUBJECT: JBS NUTRITION & WELLNESS, LLC
Ref. Number: L14000163848

We have received your document for JBS NUTRITION & WELLNESS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 117A00013557

RECEIVED

2017 JUL 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Please see attached! Thank you
E. My Apologies
for the error!
Juli*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBS Nutrition & Wellness, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Julie Bender-Sibbio

Name of Person

JBS Nutrition & Wellness, LLC

Firm/Company

1561 Mellon Way

Address

Sarasota, FL 34232

City/State and Zip Code

julie@jbsnourishwell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Bender-Sibbio

214

986-1024

at ()

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

**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.

JBS Nutrition & Wellness, LLC

1. Name of the limited liability company: _____

2. (a) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1217 S. East Avenue Suite 209

Sarasota, Florida 34239

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1561 Mellon Way

Sarasota, FL 34232

1/1/2015 (Today's Date: 6/28/2017)

L14000163848

3. Date of filing/registration in Florida

4. Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Julie Bender-Sibbio

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3665 Bee Ridge Road Suite 306

Sarasota

34233

, FL

(b) _____

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

Julie Bender- Sibbio (same)

NEW Registered Office Address:

1217 S. East Avenue Suite 209

Sarasota

34239

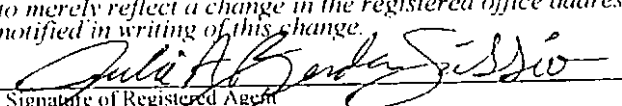
, FL

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


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 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

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

FILED
17 JUL 19 PM 4:26
DIVISION OF CORPORATIONS