115000/17038

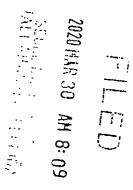
(Ke	questor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nam	e)			
(Do	ocument Number)				
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Certified Copies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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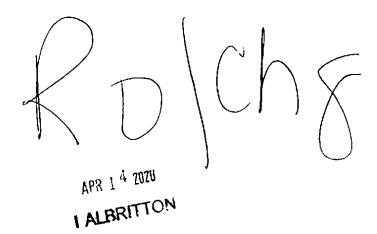
Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Name of Person	
Nancy Woodbory Nutrition, L	<u>LC</u>
170 N.E. 2 nd St., Ste 293 Address	
Bcca Raton, FL 33429 City/State and Zip Code	
Woodbury ne bellsouth. net E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Name of Person at (50)	1) 376-0092 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1 1	ame of the limited liability company: Naircy	Mandl	mary No	disting 110	
	170 N.E. 2nd St.		ſ	E. 2nd St.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mail	ing address of limited liability of	
	Ste. 293		Ste. 20	3	
	Booa Raton, FL 33429		Bocal	Paton, FL 334	129
	7/7/2015			00117038	
3.	Date of filing/registration in Florida	4.	Do	cument number	
5. (a)	WOODBURY, NANCY	Cal El 11	D		
	Registered Agent and Registered Office shown on the records of the NORTH FEDERAL HICK Registered Office Address (MUST BE FLORIDA STREET)	AWHE	.\	2021 : Ā.	
	001110	_L 33	132	2020 MAR 30	T;
(b)	WOODBURY, NANCY				TI
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress:	æ æ	
	170 N.E. 2nd St.			÷ 09	
	NEW Registered Office Address:				
	Ste. 293				
	Boca Raton , F	rL_33	129		
change agent was/w the art Signa I here provist the obto mer notified	imited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of the member of authorized representative of a member that the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	ne registered liability con softhe limited lim	d office and the superior of t	e business office of the re reby confirmed that the clompany or as otherwise property. Woodbury I further agree to come	gistered nange(s) rovided in

Signature of Registered Agent