

L16000016476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279115146

03/14/16--01022--020 **25.00

FILED
MAR 14 2016
FBI - MASSACHUSETTS

16 MAR 14 PM 12:15

MAR 17 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOURISH CG, 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:

COLLEEN E. MILLETT

Name of Person

NOURISH CG, LLC

Firm/Company

4303 BRAEMERE DR.

Address

SPRING HILL, FL

City/State and Zip Code

NOURISHCG@GMAIL.COM

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

For further information concerning this matter, please call:

COLLEEN E. MILLETT

Name of Person

at (352) 777-3055

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.

1. Name of the limited liability company: NOURISH CG, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

4303 BRAEMERE DR.

SPRING HILL, FL 34609

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

4303 BRAEMERE DR.

SPRING HILL, FL 34609

3. JANUARY 11, 2016 Date of filing/registration in Florida

4. L16000016476 Document number

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

COLLEEN E. MILLETT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

359 FOREST WOOD CT.

SPRING HILL, FL 34609


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

NEW Registered Office Address:

4303 BRAEMERE DR.

SPRING HILL, FL 34609

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

COLLEEN E. MILLETT

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

16 MAR 14 PM 12:15
FILED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS