L1400000 22585

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
AN AN ASSET FLORIDA

HARRIE

COVER LETTER

Division of Corporations					
Weight Loss Nation, LLC SUBJECT:					
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:					
Diane Daniels					
Name of Person					
Weight Loss Nation, LLC					
Firm/Company					
1006 New Winsor Loop					
Address					
Sun City Center, FL 33573					
City/State and Zip Code					
Support@TheWeightLossNation.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Diane Daniels 813 731 - 1237					
Name of Person Area Code & Daytime Telephone Num					
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 & 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.

1. N	ame of the limited liability company: Weight Loss I	Vation	ı, LLC	
2. (a)	Weight Loss Nation, LLC		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1006 New Winsor Loop		1315 O	akfield Drive #1254
	Sun City Center, FL 33573	_	Brandor	n, FL 33509
	February 1, 2016		L160000	22585
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Diane S. Daniels			
(-)	Registered Agent and Registered Office shown on the records of	he Flori	da Dept. of Stat	e:
	Manager			
	Registered Office Address (MUST BE FLORIDA STREET	DDRE	<u>S.S.)</u>	
	1408 Highland Ridge Circle			
	Brandon, FL	3351	0	N N
(b)	Diane S. Daniels			SECRETAL AHA
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	ARY ASS
	Manager			OF STATE FLORIDA
	NEW Registered Office Address:	-		
	1006 New Winsor Loop			- DA
	Sun City Center , FL	3357	3	_
he changent vas/we he arti- Signal I hereiprovisi he oblo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered of the proper and complete in writing of this change.	the registry for the limited Di	gistered offic company, it i mited liabilit l liability cor ane S. Dar	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. Tiels Printed or typed name of signee Tracity. I further agree to comply with the

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

Signature of Registered Agent