(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800338210108

DEC 20 2019

M. SOLOMON

12/20/19--01003--004 **75.00

် (၁ (၃)

CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK	K UP: 12/19 Glinda
	CERTIFIED COPY	
ХХ	РНОТОСОРУ	
	CUS	
хх	FILING	RA CHANGE
	KETOGENIC.COM, LLC CORPORATE NAME AND DOCUM	•
((CORPORATE NAME AND DOCUM	MENT #)
((CORPORATE NAME AND DOCUM	MENT #)
((CORPORATE NAME AND DOCUM	MENT #)
((CORPORATE NAME AND DOCUM	MENT #)
	CORPORATE NAME AND DOCUM	
/CICLL		

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC"	KETOGENIC.COM, I.LC		
	Nar	ne of Limited Li	iability Company
Dear Sir o	or Madam:		
The enclos	sed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please reti	urn all correspondence concerning th	is matter to the f	following:
Nicholas J.	Grimaudo		
	Name of Person		_
Johnson, P	ope, Bokor, Ruppel & Burns, LLP		
	Firm/Company		_
911 Chestn	nut Street		
	Address	 -	
Clearwater	, Florida 33756		
	City/State and Zip Code	 -	_
christab@j	pfirm.com		
E-ma	ail address: (to be used for future ann	ual report notifi	cation)
For further	r information concerning this matter,	please call:	
Nicholas G	rimaudo/Christa Bartholomew	727 at (461-1818
	Name of Person		Area Code & Daytime Telephone Number
Ro Di P.	cailing Address: Degistration Section Degistration of Corporations O. Box 6327 Degistration of Section of Corporations Degistration of Corporation of Corpo		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ēr	nclosed is a check for the following	amount:	
	\$25 Filing Fee	□ \$5	5 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. 1	Name of the limited liability company: KETOGENIC.	.COM, LL	C					
2 (a)		(h)	ı				
2. (2	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		Mailing address of limi (Note: MAY BE PO	ited liability co	mpany:	
	5404 Hoover Blvd, Suite 18			4424 Walth	am Avenue			
	Tampa, Florida 33634			Tampa, Flo	rida 33645			
	11/01/2016		L	.1600019998	86			
3.	Date of filing/registration in Florida	4.	_	Ì	Document number			
5. (a								
J. (i	Registered Agent and Registered Office shown on the records	of the Flor	ida [Dept. of State:	;			
	Ryan Lowery			•				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2819		
	4424 Waltham Avenue					•	9 0EC	
	Tomas	22645					.).	-
	Татра	FL_33645					9	: !
							19 61	•
(b	Enter name of NEW Registered Agent and/or NEW Register						ά,	•
				•		51.7	<u>က</u> ယ	
	Nicholas J. Grimaudo, Esq.							
	NEW Registered Office Address:							
	911 Chestnut Street							
								
	Clearwater	FL 33756						
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registe liability o s of the li	red com mit	office and pany, it is led liability	the business office hereby confirmed company or as oth	e of the regi- that the chai	stered nge(s)	
	Jacob Wilson	Jac	cob	M. Wilson				
_	ature of a member or authorized representative of a member				Printed or typed name	-		
nouji	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	igree to ac le perforn ded for in I hereby c	ct ir nan Ch con	n this capac ce of my di apter 605, firm that th	city. I further agre uties, and I am fam F.S. Or, if this do se limited liability (e to comply tiliar with a cument is be company ha	with th nd acce zing file s been	e pt d
Signat	the of Registered Agent							