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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	00 <del>0</del>					
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

GRACIE SPORTS NUTRITION, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

٠.

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

Please return all correspondence concerning this matter to the following:

MAZCOS LITTERIO Name of Person

SPONSOR BIZ USA, LLC Firm/Company

7255 SW 82 AJE Address

MIANI/FL 33143 City/State and Zip Code

GRACIE ESSENTIALS & GMAIL . COM

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

For further information concerning this matter, please call:

MARCOS LITTERID at (305) 965.3361 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.

1.	Na	me of the limited liability company:GRAC	e <u>5701</u>	LTS NUTRIT	ion, LLC
	(a) _	2100 CO PAU WAY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	ZIOO CO Mailing addre (Note: MA	SEAL WAY ss of limited liability company: Y BE POST OFFICE BOX
		SUITE 126 MIAMI, FL 33145		<u>SUÌTE</u> NIAMI	FL 33145
		01/26/2017			000 20 789
3. 5.	2.5	Date of filing/registration in Florida	4.	Document	number
	(u)	Registered Agent and Registered Office shown on the records of the 13302 WINDING ONK COURT Registered Office Address (MUST BE FLORIDA STREET A	he Florida Depi		
		TAMPA	3361	2	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(b)	SPONSOR BIZ USA LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	;	SECTION-2 P
		<u>7255 SW BL AVE</u> <u>NEW</u> Registered Office Address:			FT 11. ED 2019 JAN - 2 PH 6: 85 SEC: 12. 2 PH 6: 85
			3314	3	
••			C.1 C	orni, tal della	

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.

	MARIOS LITTERID		
Signature of a member or authorized representative of a member	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 Agont

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