L17000024431

(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



100358077901

01/19/21--01014--010 **25.00



5EB 2 6 2021 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Lie	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Kevin Thomas Name of Person	_
Firm/Company	_
610 NW 96th Ter. Address	-
Pembroke Pines, FL 3307 City/State and Zip Code	<u>)</u> 4
Kevin. Thomas. 3300 amail. (E-mail address: (to be used for future annual report notific	<u>O</u> m ation)
For further information concerning this matter, please call:	
Kevin homas at (954) Name of Person) 6/0-4226 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 Filing Fee	5 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: Natural	Build Nu	trition, LLC
2. (a)	2455 Bolmont Tor	(b) 3455	Belmont Ter
2. (a)	Principal office address of limited liability company:	Mailin	ng address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	<u>(№</u>	ue: MAY BE POST OFFICE BOX)
	NOVIE FL, 33328	<i>\\\O\1.</i> 6	<u>, LL 33328</u>
		_	
	Jan 31st 2017 Date of filing/registration in Florida	L170	00024431
3.	Date of filing/registration in Florida	4. Doc	ument number
5. (a)	United States Corporation Agents	Anc.	
	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State:	
	13302 Winding Oak C	<u>t</u>	
	Registered Office Address (MUST BE #LORIDA STREET AL	<u>ODRESS)</u>	
	_ <u>H</u>		
	ampa &	33612	2021
	Kai's Thomas		2021 JAN 19
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	 Office address:	
		 -	P
	3455 Belmont Perrace)	<u>ق</u>
	NEW Registered Office Address:		, 22
	Davie .FL	33028	
If the li	imited liability company is not organized under the laws	s of the State of Florida.	it is hereby confirmed that after the
change	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab	egistered office and the	business office of the registered
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limited liability cor	npany or as otherwise provided in
the arti	Cles of organization of the operating agreement of the n	Roio	ted or typed name of signec
	cure of a member or authorized representative of a member		,,
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided p ely reflect a change in the registered office address. I he Lin writing of this change.	to act in this capacity. erformance of my dutie. for in Chapter 605, F.S ereby confirm that the li	I further agree to comply with the s, and I am familiar with and accept. Or, if this document is being filed mited liability company has been
Signatu	re of Registered Agent		