

L17000 **Division of Corporations**

6/5/2017

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE **MAV NUTRITION LLC**

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Help

S. WARREN

JUN 0 6 2017

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.

	4801 GULF BLVD	(b);-	(b) E ₂ 4801 GULF BLVD Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\$41°				
	#232	جنينينين جين <u>ت</u>	#232			
	ST PETE BEACH, FL 33706	,	ST PETE BEACH, F	L 3370	6	
	05/30/2017		L17000118056			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	M3 NATURALS LLC					
()	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:			
	4801 GULF BLVD					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			To Cr	
	#232			7	L E	
	ST PETE BEACH F			JUN-5		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	EW Registered Office address:	PH 10: 03	Y. OF STATE		
	3030 N. Rocky Point Dr. NEW Registered Office Address:				~ 6	
	STE 150A					
	Tampa ,F	L 33607				
he cha igent v was/we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of the registered of liability company of the limited lia	ffice and the business office , it is hereby confirmed that bility company or as otherwi	of the r	registered 1ge(s)	
Ciana	ture of a member or authorized representative of a member	**************************************	Printed or typed name of signee			
Signa		suun ta mut in thin	capacity. I further agree to	comply r with ai ent is be pany ha	with the	

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