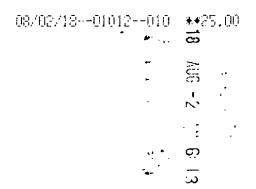
## 117000185224

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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## **COVER LETTER**

Divi	ision of Corporations					
SUBJECT:	. WomensSupplements.com					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Offi	ice Change as	nd fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to th	ne following:			
Robert Mo	preira					
	Name of Person					
WomensS	Supplements.com LLC					
	Firm/Company		<del></del>			
5890 SW	85 Ave					
	Address					
Miami, Fl.	33143					
•	City/State and Zip Code					
robertmor	eira@me.com					
E-mail	address: (to be used for future ann	nual report no	tification)			
For further	information concerning this matter,	please call:				
Robert Mo	preira	786	301-2455			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations from Building 1 Executive Center Circle lanassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	closed is a check for the following	g amount:				
20 5	525 Filing Fee		\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

TO: Registration Section

## 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: WomensSup	oplemer	nts.com	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5890 SW 85 Ave Miami, FL 33143	(	b)	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  85 Ave Miami, FL 33143
	01/27/2018		L1700018	5224
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT Registered Office Address (MUST BE FLORIDA STREET)	TS, INC		: * <u>.</u>
	13302 WINDING OAK COURT A Tampa	33612	)	* 116 -2
(b)	Enter name of NEW Registered Agent and/or NEW Registered Robert Moreira NEW Registered Office Address:	ed Office a	ddress:	န်း တ <u>ာ</u> သ
	5890 SW 85 Ave			
	Miami, F	L_33143	3	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. On 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	of the reg liability of s of the li- ne limited	sistered office company, it is mited liability I liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	15/2	Ro	bert Moreir	
I hero provis the oil to me notific	ature of a member or authorized representative of a member eby accept the appointment as registered agent and a sions of all statutes relative to the proper and completeligations of my position as registered agent as provided in the registered office address, and in writing of this change.	gree to a te perfori ded for in I hereby	ct in this capa nance of my a Chapter 605, confirm that t	Printed or typed name of signee scity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been