Florida Department of State

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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 VITATRIM LLC

Certificate of Status	0
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Page Count	02
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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

)	(b)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300	79	901 4th St N STE 300
St. Petersburg FL 33702	St	. Petersburg FL 33702
01/08/18	L1	8000006092
Date of filing/registration in Florida	4.	Document number
DONOFRIO, MARK		
Registered Office Address (MUST BE FLORIDA STREET) 3750 F. CART LNI	ADDRESS)	
Registered Office Address (MUST BE FLORIDA STREET 3750 E CART LN INVERNESS , FI		
3750 E CART LN INVERNESS .FI Registered Agents Inc	, 34453	2023
3750 E CART LN INVERNESS FI	, 34453	2023 MAR
3750 E CART LN INVERNESS .FI Registered Agents Inc	, 34453	2023 MAR 29
3750 E CART LN INVERNESS , FI Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	, 34453	
3750 E CART LN INVERNESS , FI Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	, 34453	

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.

Signature of a member or authorized representative of a member **ROBIN JONES** 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 the obligations of a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary