

L18000285549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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FILED
2019 JAN 18 AM 9:44
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ligon Nutrition

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Jill Ligon

Name of Person

Ligon Nutrition

Firm/Company

PO Box 331895

Address

Atlantic Beach, FL 32233

City/State and Zip Code

jill@ligonnutrition.com

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

For further information concerning this matter, please call:

Jill Ligon

at (612) 568-5610

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

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

**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. Name of the limited liability company: Ligon Nutrition

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

66 W 7th St

PO Box 331895

Atlantic Beach, FL 32233

Atlantic Beach, FL 32233

12/12/18

L18000285549

3. Date of filing/registration in Florida 4. Document number

5. (a) Riley Park

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N Rocky Point Dr Ste 150A

Tampa, FL 33607

(b) Jill Ligon

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Ligon Nutrition

NEW Registered Office Address:

66 W 7th St

Atlantic Beach, FL 32233

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.

Jill Ligon
Signature of a member or authorized representative of a member

Jill Ligon

Printed or typed name of signer

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.

Jill Ligon
Signature of Registered Agent

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2019 JAN 18 AM 9:44
TALLAHASSEE, FL 32314