

L19000 148 092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

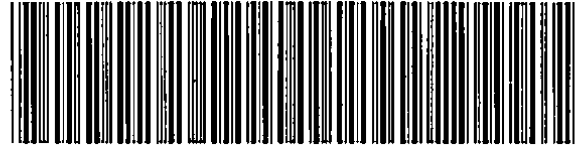
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBD NUTRELIXIRS, LLC

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:

Angelia Inscoe

Name of Person

CBD Nutrelixirs, LLC

Firm/Company

174 Watercolor Way, Suite 103 #184

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

angelia@collagenpin.com

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

For further information concerning this matter, please call:

Angelia Inscoe

at 877 746-4407

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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**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: CBD Nutrelxirs, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>174 Watercolor Way, Suite 103, #184</u> <u>Santa Rosa Beach, FL 32459</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>174 Watercolor Way, Suite 103, #184</u> <u>Santa Rosa Beach, FL 32459</u>
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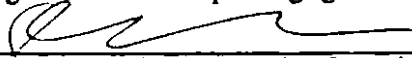
3. <u>06/04/2019</u> Date of filing/registration in Florida	4. <u>L19000148092</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Angelia Inscoc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11275 Hwy 98W, Suite 6152
Miramar Beach, FL 32550

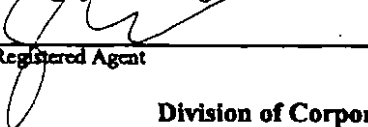
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Angelia Inscoc
NEW Registered Office Address:
174 Watercolor Way, Suite 103, #184
Santa Rosa Beach, FL 32459

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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.

 _____ Signature of a member or authorized representative of a member	<u>Angelia Inscoc</u> _____ Printed or typed name of signer
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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.



Signature of Registered Agent

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