

L19 000 292 376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800380777588

03/01/2022 10:01:22-0001 \*\*25.00

RA change

2022 FEB -1 PM 12 40  
STATE OF MASSACHUSETTS  
SECRETARY OF STATE

FILED

A. RAMSEY  
FEB 15 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hippocrates Nutrition 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:

John Simpson  
Name of Person

Hippocrates Nutrition LLC  
Firm/Company

7404 Parrot Dr  
Address

Port Richey FL 34668  
City/State and Zip Code

Hippocratesnutritionsales@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Simpson (Met) at (727) 226-9712  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: Hippocrates Nutrition LLC

2. (a) 7404 Perrot Dr Port Richey (b) 7404 Perrot Dr.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Port Richey Port Richey  
FL. 34668 FL. 34668

3. 11/12/19 Date of filing/registration in Florida 4. L19000282376 Document number

5. (a) John Simpson  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7404 Perrot Dr.  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Port Richey  
 \_\_\_\_\_, FL 34668

(b) Erik Landers  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7404 Perrot Dr.  
NEW Registered Office Address:  
Port Richey  
 \_\_\_\_\_, FL 34668

FILED  
 2022 FEB - 1 PM 12:40  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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]  
 Signature of a member or authorized representative of a member

John Simpson  
 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 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]  
 Signature of Registered Agent