

L20 000158898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

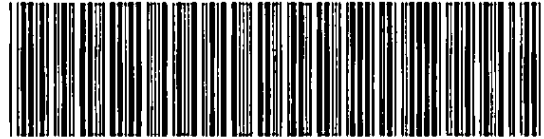
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J. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NutriNerd
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:

Samantha Hamlin
Name of Person

NutriNerd
Firm/Company

1222 Meredith Drive
Address

Spring Hill, FL 34608
City/State and Zip Code

FriendlyDietitian@NutriNerd.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Hamlin at (408) 489-2251
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

NURTINERD LLC
1222 MEREDITH DRIVE
SPRING HILL, FL 34608

SUBJECT: NUTRINERD LLC
Ref. Number: L20000158898

We have received your document for NUTRINERD LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 222A00026573

DEC 15 2022

**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: Nutri Nerd

2. (a) 1222 Meredith Dr. (b) same as (a)

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Spring Hill, FL 34608

3. Date of filing/registration in Florida

4. Document number

5. (a) Samantha Hamlin
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1222 Meredith Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Spring Hill, FL
34608

(b) Samantha Hamlin
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1222 Meredith Drive
Spring Hill, FL 34608

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

Samantha Hamlin
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.

Samantha Hamlin
Signature of Registered Agent