120000273177

(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:						

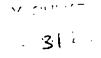
Office Use Only



800373052428

09/20/21--01009--001 **25.00

7921 ST. 20 PH 3: 30



COVER LETTER

TO:		ition Section n of Corporations					
SUBJI	NECT:	KP SUPPLEMENTS, LLC					
		Name of Limited Liability Company					
Dear S	Sir or Mad	am:					
The en	iclosed Re	egistered Agent/Registered (Office Change	e and fe	ee(s) are submitted for filing.		
Please	return all	correspondence concerning	this matter to	o the fo	dlowing:		
JOSE /	ALEJAND	RO CASTRO					
		Name of Person			_		
NXP S	UPPLEMI	ENTS. LLC					
		Firm/Company		 :	_		
560 SA	ANT MICI	HELLE WAY					
		Address			_		
MARG	SATE, FL	33068					
		City/State and Zip Cod	e	_	_		
INFO@	@NXPSUP	PLEMENTS.COM					
	E-mail ado	lress: (to be used for future	annual report	notific	ation)		
For fu	rther infor	mation concerning this mat	ter, please cal	1:			
JOSE A	ALEJAND	RO CASTRO	754 at (210-0945		
		Name of Person	ar (Area Code & Daytime Telephone Number		
	Registr Divisio P.O. Bo	g Address: ation Section n of Corporations ox 6327 ssee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclose	d is a check for the follow	ing amount:				
	■ \$25 F	Filing Fee		□ \$55	Filing Fee & Certified Copy		
INHSI	8 (2/14)						

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. Na	ame of the limited liability company: NXP SUPPLEMI	ENTS.	LLC				
2. (a)	560 SAINT MICHELLE WAY		(b) 560 SAINT MICHELLE WAY				
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(4)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MARGATE, FL		MARGA	TE, FL			
	33068		33068				
	09/01/2020		L2000027	3177			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)	REGISTERED AGENTS INC.						
, ,	Registered Agent and Registered Office shown on the records of 7901 4TH ST N	ate:					
	Registered Office Address (MUST BE FLORIDA STREET STE 300	<u> </u>					
	ST. PETERSBURG FI	3370	2				
	JOSE ALEJANDRO CASTRO			_			
	Enter name of NEW Registered Agent and/or NEW Registered	_					
	560 SAINT MICHELLE WAY			202			
	NEW Registered Office Address:	SEP 20					
	MARGATE	3306	8	PH 3:			
:hange igent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regis ability of the limite	tered office a company, it limited liabili	المن الحقق المن المن المن المن المن المن المن المن			
Signa	ture of amember of authorized representative of a member	-		Printed or typed name of signee			
I herei provisi the obl to mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is a writing of this change.	ree to perfo d for i hereb	act in this cap rmance of my in Chapter 60 confirm that	pacity. I further agree to comply with the			