## L20000386125

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NAPLES MUTTHON, Name of Limited Lia	bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Diana VI Horio Name of Person	_	
Naples Nutrition, LLC Firm/Company	_	
2476 RIVER REACH DIVE	<del>-</del>	
Naples, FL 34104 City/State and Zip Code	_	
E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
Diana Vittorio at 404 Name of Person	966-2209 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 \$\text{Certified Copy}\$		

INHS18 (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.

l. Na	ime of the limited liability company: \(\lambda \rho \rho \sigma \)	Nu	trition, l	LLC
2. (a)	him Declar	(b)_	<del></del>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)_	•	dress of limited liability company: MAY BE POST OFFICE BOX)
	Naples, FL 34104	 		
	Ducember 10, 2020		L2000L	386125
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a)	Zenbusiness, INC			
•	Registered Agent and Registered Office shown on the records of the	ne Florida Do	pt, of State;	
	336 E. Cullage AVE			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	Suite 301		<del></del>	202 [À]
	TALLAHASSEE FL 32307. FL	323	30 (	F   PORC
(b)	Diana Vittorio			-2 SSS
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>ss</u> :	
	2476 River Reach Drive			FILED  124 DEC -2 AM 8: 56  11 LIAHASSEE. FLORIDA
	NEW Registered Office Address:			<b>6</b>
	Naples FL	3410	<u>, 4</u>	
If the li	mited liability company is not organized under the laws	s of the Sta	ite of Florida, it is	s hereby confirmed that after the
change	or changes are made, the Florida street address of the r	egistered o	office and the bus	iness office of the registered
was/we	rill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	the limite	d liability compar	iy or as otherwise provided in
	cles of organization or the operating agreement of the li	imited liab	ility company.	
<u> </u>	ure of a member or authorized representative of a member		DIANA VIT	Horro
		a to aut in		
r nerei provision the obli to mere notifiea	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he i'm writing of this change.	e to act in verformanc for in Cha vreby confi	e of my duties, an pter 605, F.S. Or rm that the limite	arther agree to comply with the od I am familiar with and accept; if this document is being filed diability company has been
	e of Registered Agent			