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COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJI	Kea Schwarz Functional Nutritio	on	
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to t	he following:
Kea M	Schwarz		
	Name of Person		
Kea Sc	hwarz Functional Nutrition, LLC		
	Firm/Company		
2913 H	unters Hill E		
	Address		
Jackson	iville/FL 32246		
-	City/State and Zip Cod	le	
ksfunct	ionalnutrition@gmail.com		
E	-mail address: (to be used for future	annual report no	tification)
For fur	ther information concerning this mat	ter, please call:	
Kea Sc	hwarz	904 at (595-8927
-	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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 follow	ing amount:	
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHSI	3 (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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2913 Hunters Hill E Jacksonville FL 32246 12/29/2020 1.21000007613 Date of filing/registration in Florida 4. Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Kea M Schwarz. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2913 Hunters Hill E Jacksonville FL 32246 Jacksonville (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 13245 Atlantic Blvd Suite 4-175 Jacksonville Fil. 32225 Fine limited liability company is not organized under the laws of the State of Florida, it is hereby confirmance or changes are made, the Florida street address of the registered office and the business office of gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that was/were authorized by an affirmative vote of the members of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw are artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company or as otherw to artiples of organization or the operating agreement of the limited liability company. He article of the proper and complete performance of my duties, and I am familia the obligations of my position as registered agent and agree to act in this capacity. I further agree to member of my duties, and I am familia.		
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merely reflect a change in the registered office address. I hereby confirm that the limited liability com tified in writing of this change.	comply wi	th the accep g filea een
<u>/</u>		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1L1NG FEE: \$25.00