

L21000 156 274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

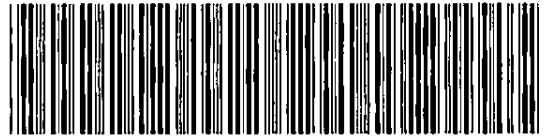
(Business Entity Name)

(Document Number)

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RECEIVED  
2024 DEC 18 PM 3:32  
TALLAHASSEE, FLORIDA

FILED  
2024 DEC 18 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 840068 7681421

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 16, 2024

ORDER TIME : 12:06 PM

ORDER NO. : 840068-031

CUSTOMER NO: 7681421

CHANGE OF AGENT

NAME: BODENVY NUTRITION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

FILED  
2024 DEC 18 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: BODENVY NUTRITION, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1800 Pembroke Drive Suite 280

281 West Trotters Drive

Maitland, FL 32810

Maitland, FL 32751

04/13/2021

L21000156274

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ASSURED COMPLIANCE SERVICES, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1615 WOODWARD STREET

ORLANDO, FL 32803

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

Corporation Service Company

**NEW Registered Office Address:**

1201 Hays Street

Tallahassee, FL 32301

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.

/s/ Philip K. Calandrino

Philip K. Calandrino, Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

Grace E. Kirby  
Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT