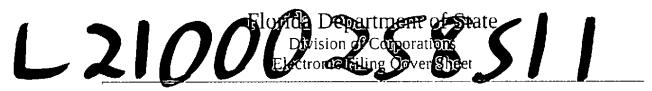
Page: 1/2

From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000383116 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

_ , ,	Address:	

## LLC REGISTERED AGENT CHANGE HAPPY HEALTHY YOU NUTRITION, LLC



Certificate of Status	0	
Certified Copy	0	
Page Count	01	
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Helpi... / - 6 2023

## 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

i. Na	me of the limited liability company:	Happy healthy You	ı Nutrition, LLC		
2. (a)			(b)		
	Principal office address of limited liab (Note: MUST BE STREET AL		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		·			
	06/01/2021		L210002	258511	
3.	Date of filing/registration in	Florida	4.	Document number	
5. (a)	WESTALL, WENDY A				
J. (a)	Registered Agent and Registered Office shows	State:	<b>⊱</b> `		
	Registered Office Address (MUST BE FL		:		
	313 SE HUNTINGTON CIRCLE		`.		
	PORT SAINT LUCIE	E1	34984		-
		, r.	<del></del>		<del>5</del> 5
(b)	Northwest Registered Agent LLC				,
	Enter name of NEW Registered Agent and/o	r <u>NEW Registered</u>	Office address:		
	7901 4th St N				
	NEW Registered Office Address:			<del></del>	
	STE 300			<del></del>	
	St. Petersburg	, Fl.	33702		
the cha agent v was/we the arti	imited liability company is not organizing or changes are made, the Florida solid be identical. Or, in the case of a Fore authorized by an affirmative vote of cles of organization or the operating a	street address of lorida limited lia of the members of greement of the	the registered of ability company, of the limited liab	ffice and the business of it is hereby confirmed bility company or as oth company.	ffice of the registered that the change(s) serwise provided in
	ture of a member or authorized representative of			Printed or typed name	
provisi the obl to mer	by accept the appointment as registere ons of all statules relative to the prope ligations of my position as registered a ely reflect a change in the registered of in writing of this change.	er and complete went as provide	performance of d för in Chapter	my aunes, ana 1 am jan 605. F.S. Or. if this do	unar wim ana accep cument is being filed
$\sim_{HZ}$	Taylor Newman	- Assistant Se			