## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE **ESSNUTRI LLC**

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02
\$25.00

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## 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.

Florida				
1. Na	me of the limited liability company: ESSNUT	RI L	LC _	
2. (a)	112 BARTRAM OAKS WALK	(t	, 112 BA	ARTRAM OAKS WALK
(, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	· — —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 104	_	SUITE	104
	ST. JOHNS, FL 32259	<del></del>	ST. JOH	INS, FL 32259
	08/24/21		L21000	378963
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	FRANK F OWEN, ESQ.			
,	Registered Agent and Registered Office shown on the records of t 1091 IBIS AVE.	he Florid	a Dept. of Stat	- e: -
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	 Zī	FILED  2021 SEP 17 AM 10: 2:  PALLAHASSEE FLORI
	MIAMI SPRINGS	3316	6	EP 17 A
(b)	Registered Agents Inc.			SEE.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	ברסיי היי
	7901 4th St N			23 11.
	NEW Registered Office Address:			
	STE 300			-
	St. Petersburg FL	3370	2	_
the cha agent was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the regability coff the lindiged	istered offic ompany, it nited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Lhaua	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I is a writing of this change.	ree to ac perform d for in hereby c	et in this cap nance of my Chapter 60 confirm that	vacity. I further goree to comply with the

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent