## La3000130705

(Requestor's Name)		
(Address)		
( in a second of the second of		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer: 9/18/23		

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August 18, 2023

MERCADE PAZDRA 8930 SOUTHBAY DR TAMPA, FL 33615 US

SUBJECT: RADICAL NUTRITION LLC

Ref. Number: L23000130705

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document. please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

SEP 18 2023

Letter Number: 323A00019169

## COVER LETTER

Division of Corporations		
SUBJECT: ROdical Nutrition LC Name of Limited Liability Company		
	or Ellitted Etability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	natter to the following:	
Mercade Pazdra Name of Person		
Radical Nutrition Firm/Company	UC	
5930 sauthbay Dr.		
Tampa, FL 330 City/State and Zip Code	<u> </u>	
Cadical Nutrition ICE E-mail address: (to be used for future annua		
For further information concerning this matter, pl	ease call:	
mercade pardra  Name of Person	at ( 715 ) 869-2464  Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following ar	mount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

## 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: Radical Withitian ILC		
2. (a)		
Principal office address of limited liability company: Mailing address of	limited liability company:	
(Note: MUST BE STREET ADDRESS)  (Note: MAY BE	E POST OFFICE BOX)	
820 201441000 11: 8220 20	urn tota cu.	
Tampa, FL 33615 Tampa, FL	- 33615	
filed 3/14/23 effective 3/13/23 L23000	130705	
3. Date of filing/registration in Florida 4. Document num	nber	
5. (a)		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	2 .	
mercane parara		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	. <u></u> co	
1800 MICCOSUKEE COMMONS DI.	70	
APt. 305 Tallahassee. FL 32308	<u> </u>	
merrade ontam	<del>1</del> _	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Office Address:		
- 8430 Southous Dr.		
Tampa_, FL_33G15		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby change or changes are made, the Florida street address of the registered office and the business of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirm was/were authorized by an affirmative vote of the members of the limited liability company or a the articles of organization or the operating agreement of the limited liability company.	office of the registered med that the change(s)	
Mercade P	ualy	
Signature of a member or authorized representative of a member Printed or typed	_	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I an the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the to merely reflect a change in the registered office address, I hereby confirm that the limited liab notified in writing of this change.	n familiar with and accept is document is being filed	

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

Signature of Registered Agent