

L23 000398422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

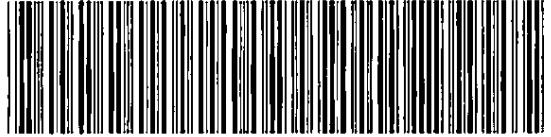
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400424621724

02/28/24 -01028 -010 **50.01

FILED

2024 FEB 28 AM 8:52

CLERK OF DISTRICT COURT
JANUARY 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Melbourne Nutrition, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brooke Steele

(Contact Person)

(Firm/Company)

401 N Wickham Rd STE D

(Address)

Melbourne, FL 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

Brooke Steele

(Name of Contact Person)

at (813) 263-6181

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 FEB 28 AM 8:52
STATE OF FLORIDA
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: Melbourne Nutrition LLC
2. (a) 401 N Wickham Rd
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite D
Melbourne, FL 32935
8/24/23
- (b) 401 N Wickham Rd
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite D
Melbourne, FL 32935
L23000398422
3. 8/24/23
Date of filing/registration in Florida
4. L23000398422
Document number
5. (a) Ginger Thompson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5486 SW 150th Blvd
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Lake Butler, FL 32054
- (b) BROOKE STEELE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
401 N Wickham Rd
NEW Registered Office Address:
Suite D
Melbourne, FL 32935

FILED
2024 FEB 28 AM 8:52
TALLAHASSEE, FL

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.

[Signature]
Signature of a member or authorized representative of a member

Ginger Thompson
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent