L24000 352604

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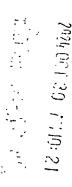
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COVER LETTER

Division of Corporations				
Femme Nutrition LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Daniel J Wilson, Esq.				
Name of Person	· · · · · · · · · · · · · · · · · · ·			
Law Office of Daniel J Wilson PC				
Firm/Company	· 			
12 Marshall St				
Address				
Boston, MA 02108				
City/State and Zip Code				
danwilson@usa.ent				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
Daniel J Wilson, Esq. at (720-5461			
Name of Person	Area Code & Daytime Telephone Number			
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			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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. N	ame of the limited liability company:	LLC	
2. (a)	30 SW 1st Street, Unit 4803	(b) 30 SW 1s	t Street, Unit 4803
~. ()	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	30 SW 1st Street, Unit 4803	30 SW 1st	Street, Unit 4803
	Miami, FL 33130	Miami, FL	. 33130
,	August 30, 2024	L24000382	604
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 Mahmoud Hayek Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 30 SW 1st Street, Unit 4803		001 30
	Miami , F	L	1.10.2
	Enter name of NEW Registered Agent and/or NEW Registere	<u>G </u>	_
	NEW Registered Office Address: 650 NE 2nd Ave ONIT 3105		_
	Miami F	L	_
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered office ar iability company, it i of the limited liability climited liability cor	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sign	ature of a member or authorized representative of a member	Mahmoud Hayel	Printed or typed name of signee
I here provis the ob to mei	by accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I bed in writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that	acity. I further agree to comply with the
Signat	ure of Registered Agent	•	