

**M08 000001053**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

**REGISTERED AGENT CHANGE  
BIO TECH NUTRIENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

**T. CLINE**

MAR - 2 2010

**EXAMINER**

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RECEIVED  
10 MAR - 1 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2010 MAR - 1 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIO TECH NUTRIENTS, LLC  
Name of Limited Liability 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 matter to the following:

Samantha Antone

Name of Person

REAL PROPERTY SERVICES CORP.

Firm/Company

818 W. Brook Ave

Address

North Las Vegas, NV 89030

City/State and Zip Code

santone@rpscorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Antone

Name of Person

at ( 702 )

313-3700

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

**FILED**  
2010 MAR - 1 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: BIO TECH NUTRIENTS, LLC

2. (a) Principal office address of limited liability company: 818 WEST BROOKS AVE.

☒ (Note: **MUST BE STREET ADDRESS**) LEGAL DEPARTMENT  
NORTH LAS VEGAS, NV 89030

(b) Mailing address of limited liability company: 818 WEST BROOKS AVE.

☒ (Note: **MAY BE POST OFFICE BOX**) LEGAL DEPARTMENT  
NORTH LAS VEGAS, NV 89030

03/05/2008 3. Date of filing/registration in Florida M08000001053 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent**: C T Corporation System

**NEW Registered Office Address**: 1200 South Pine Island Road  
**(MUST BE FLORIDA STREET ADDRESS)** Plantation, FL 33324

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.

Eleanor Puls  
Signature of a member or authorized representative of a member

Eleanor Puls, Manager  
Printed or typed name of signer

*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 608, 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.*

By: C T Corporation System Rebecca Barth  
Signature of Registered Agent

Assistant Secretary  
Rebecca Barth

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

INHS18 (05/08)