

112100000502

(Requestor's Name)

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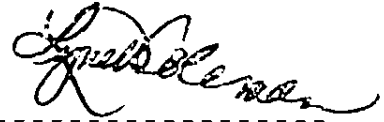
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 552403 8117982

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : July 15, 2024

ORDER TIME : 9:05 AM

ORDER NO. : 552403-002

CUSTOMER NO: 8117982

CHANGE OF AGENT

NAME: BRAINCHILD NUTRITIONALS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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.

2. (a) 20725 NE 16th Ave
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 20725 NE 16th Ave
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

A1

Miami Beach, FL 33179

M20000000307

4. Document number

JOHNSON, WILLIAM

100 S ASHLEY DR STE 620

TAMPA FL 33602

Corporation Service Company

1201 Hays Street

Tallahassee FL 32301

/S/ Adam McCown

Adam McCown

Printed or typed name of signee

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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

FILING FEE: \$25.00

CSC 552403