MILICIANTSCA

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/Otate/Zip// Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



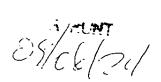
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RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO). :	12000000	0195						
REFERENC	CE :	552403	8117982						
AUTHORIZATIO	ON :		d.						
COST LIMI	T :	\$ 25.00	Quil de m	Z.					
	· 		<u>.</u>						
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 CERTIFIED COPY	AS PRO	OOF OF FI	LING:						
XX PLAIN STAMPED COPY									
CONTACT PERSON: Amanda Mill	er								
	EXAMII	NER'S INI	ΓIALS:						

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.	Na	me of the limited liability company: BRAINCHILD NU	TRITI	<u> </u>	IALS, LL	_C
2. (a	a.).	20725 NE 16th Ave	((b)	20725 N	NE 16th Ave
(•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		A1			A1	
		Miami Beach, FL 33179	_		Miami B	Beach, FL 33179
		01/08/2020		N	1200000	000307
3.		Date of filing/registration in Florida	4.	_		Document number
5. (a)					
Ì	Í	Registered Agent and Registered Office shown on the records of th JOHNSON, WILLIAM	e Floric	da f	Dept. of Sta	ate:
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>(S)</u>		
	100 S ASHLEY DR STE 620					
		TAMPA . FL	3602			SVHW SVHW
			·			
(t	b)					AHIO: 20 SEE, FL
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	TE 26			
		Corporation Service Company				
		NEW Registered Office Address:				_
		1201 Hays Street				
		Tallahassee .FL	32301			
chan agen was/	ge t w	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility c the lir	red om nit	office ai pany, it ed liabili	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		/S/ Adam McCown	Ad	am	McCow	
		ure of a member or authorized representative of a member				Printed or typed name of signee
prov. the o to me	isie bli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by the first change in the registered office address. I he is in writing of this change.	e to ac erform for in reby c	rt ir nan Ch ron	i this cap ce of my apter 60 firm that	pacity. I further agree to comply with the eduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Sion	<u></u>	I mag Total				
		E. Kirby, Asst. Vice President				
		Division of Cornorations P O Re	18 637	7.	Fallaha	assee FI 32311

FILING FEE: \$25.00

CSC 552403