

M20 000000 5320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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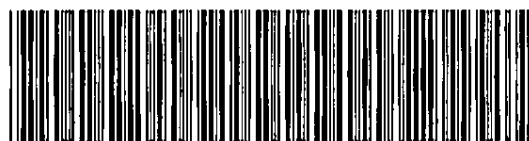
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2021

STEVEN M MCGARRAH
PO BOX 2877
INVERNESS, FL 34451

SUBJECT: HIGH PLAINS NUTRITION, LLC
Ref. Number: M20000005320

We have received your document for HIGH PLAINS NUTRITION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 721A00003788

**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: HIGH PLAINS NUTRITION, LLC
2. (a) 2400 FOREST DR
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
APT 109
INVERNESS, FL 34453
- (b) P.O. BOX 2877
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
INVERNESS, FL 34451

3. JUNE 10, 2020 Date of filing/registration in Florida
4. M20000005320 Document number

5. (a) STEVEN M. MCGARRAH
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

816 BALMORAL CT

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

INVERNESS FL 34453

- (b) STEVEN M. MCGARRAH


Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2400 FOREST DR, APT 109

INVERNESS FL 34453

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 of a member or authorized representative of a member

STEVEN M. MCGARRAH
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 of Registered Agent