

PO20000061670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

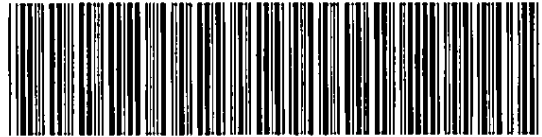
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000320108940

10/26/18--01004--020 ++\$5.00

FILED

18 OCT 26 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 01 2018

S. YOUNG

TO: Amendment Section
Division of Corporations



SUBJECT: Specialty Nutrition Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000061670

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Horn
Name of Contact Person

Specialty Nutrition Group, Inc.
Firm/Company

2741 Marina Circle
Address

Lighthouse Pt., FL 33064
City/State and Zip Code

Lisa@SpecialtyNutrition.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Cagle at (954) 941-4347
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. Check # 2249

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Specialty Nutrition Group, Inc.
2. The principal office address: 2741 Marina Circle
Lighthouse Pt., FL 33064
3. The mailing address (if different): " "
4. Date of incorporation/qualification: 6/4/2002 Document number: P02000061670
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Business Filings Incorporated
1200 South Pine Island Rd.
Plantation, FL 33324

FILED
18 OCT 26 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christine M. DiFiore, CPA, Esq.
14201 W. Sunrise Blvd., Ste 201
Sunrise, FL 33323

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Lisa L. Cagle Office manager
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Christ D. L. Kimb
Signature of Registered Agent

10-24-2018
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

Check # 2249

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314