## P02000087268

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## **COVER LETTER**

Division of Corporations
SUBJECT: Betancourt Nutrition, Inc. (Name of corporation)
DOCUMENT NUMBER: P0200087268
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:
Reato address.  Betancourt Nutritum  (Firm/Company)
(Firm/Company)
29 Almeria Avenue (Address)
Coral Gables, FL 33134 (City/state and zip code)
For further information concerning this matter, please call:
Targe Betan (our t at (305) 972.9500.  (Name of contact person) (Area code & daytime telephone number)
(Mod code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

inclosed is a \$55.00 check made payable to the Department of

Amendment Section

TO:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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: Betannurt Nutrition, Inc
2. The principal office address: 29 almeria. Avenue
Loral Gables, FL 33134
3. The mailing address (if different): Miling address should be some as above
(Not the miami boh, FL address)
4. Date of incorporation/qualification: \( \begin{align*} a
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Betonrart Joge
1900 Sunget Horbour Dr#715
MB, FL 33139 = M € M
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Betanment Jorge (same)
29 Almeria Avenue \
(P.O. Box NOT acceptable) Change
(om) Gables, FL 33134
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 of ear of tiper or director)  Torge Betancourt, Presiden + (Printed or typed name and title)
(Signature of Art officer or director)  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.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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