

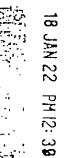
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R. WHITE JAN 23 2018

COVER LETTER

TO: Amendment Section Division of Corporations

GERMAN ELITE NUTRITION INC.

P12000081919

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:

Michael Rau Name of Contact Person American Company Formation & Managemnet Inc. Firm/Company 1217 Cape Coral Pkwy Cape Coral FL 33904 City/State and Zip Code

info@company-usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rau

Name of Contact Person

Enclosed is a \$35,00 check made payable to the Department of State.

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Stat a organized under the laws of the State of <u>Flo</u> t	rida
in orde	\sim	registered agent, or both, in the State of Flor	
1. The name of t	he corporation: Lerman	Elite Nutrition	Inc.
2. The principal		···	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:	Document number:	
	I street address of the current regis tment of State: (If resigned, enter)	tered agent and registered office on file with tresigned)	the 18
	USAINC EUROPE CO	DRP	
	141 NE 3rd Ave SUTE	8068	型 22
	MIAMI, FL 33132		PH
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	PH 12: 38
	American Company Forma	tion & Managemnet Inc	
	1217 Cape Coral Pkw	y E Suite 136	
	Cape Coral FL 33904	ox NOT acceptable	
The street addre	ss of its registered office and the be identical.	street address of the business office of its re-	gistered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	eer so
	on Blally c of an officer or director	Sebastian Blabla	
I hereby accept I further/agree to performance of agent Or, if thi hereby confirm	the appointment as registered age of comply with the provisions of a my duties, and I am familiar with standard is being filed merely that the corporation has been not.	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complet and accept the obligation of my position as to reflect a change in the registered office ac ified in writing of this change. Date	le registered ldress, I
	ature of Registered Agent	Date	
If signing on bel Michael Rau	nait of an entity:		
	ped or Printed Name		

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

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