

P130000084402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

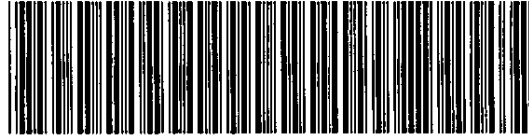
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800286854468

07/26/16--01013--008 **35.00

16 JUL 27 09 08 16
STATE
CLERK

AUG 04 2016
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nutrition Consortium of America, Inc.

Name of Corporation

DOCUMENT NUMBER: P13000084402FEI/EIN

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:

Dr. John Orta

Name of Contact Person

Nutrition Consortium of America, Inc.

Firm/Company

3327 Community Avenue

Address

La Crescenta, CA 91214

City/State and Zip Code

jorta@pacbell.net

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

For further information concerning this matter, please call:

John Orta

Name of Contact Person

at (818) 281-9947

Area Code & Daytime Telephone Number

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**

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: Nutrition Consortium of America, Inc.
2. The principal office address: 2235 SW 8 STREET
MIAMI, FL 33135
3. The mailing address (if different): PO Box 12361
La Crescenta, CA 91224
4. Date of incorporation/qualification: 10/10/2013 Document number: P13000084402FEI/EIN
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)
Orta, Miguel
1980 S. Ocean Drive 9J
Hallandale Beach, FL 33009
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARIA ISABEL MARRERO DE LEON
2235 SW 8 STREET
P.O. Box NOT acceptable
MIAMI, FL 33135

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.

Juan Orta Juan Orta, Director, Owner
Signature of an officer or director 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.

Maria Isabel Marrero de Leon July 13, 2016
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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