

PI4000024230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

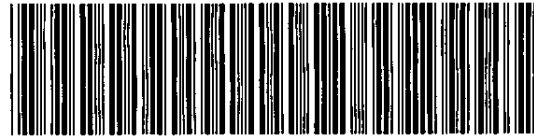
(Business Entity Name)

(Document Number)

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04/03/14--01002--014 **35.00

And
APR 09 2014
R. WHITE

TO AUF ALABAMA
SUFFICIENTLY OF FILING

2014 APR - 8 7:45:51

FILED
14 APR - 8 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bassett Consulting, LLC
"Specializing in Regulatory Compliance & Registration"



April 8, 2014

Florida Dept. of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for Nutra Specialists Inc
Change Address, Manager's Address & Change Registered Agent Address
Document #: P14000024230

To Whom It May Concern:

Our company represents our client **Nutra Specialists Inc** in matters of state regulatory compliance.

- 1.) Our client has requested to **change** the **principal** and **mailing** address for the **company** to **2061 NW 2nd Ave, Ste 206, Boca Raton, FL 33431**.
- 2.) Our client has requested to **change** the address for the **Registered Agent office** to **2061 NW 2nd Ave, Ste 206, Boca Raton, FL 33431**.
- 3.) Our client has requested to **change** address for **Dean Wayne** as **President** to **2061 NW 2nd Ave, Ste 206, Boca Raton, FL 33431**.

This request comes through us from **Dean Wayne, Manager** for the company.

Our company appreciates your expeditious service and assistance. You may contact me directly if you have any questions in this regard.

Sincerely,



Bill Bassett
Senior Regulatory Consultant
Director of Marketing & Development
Email: Bill@ConsultBassett.com
Phone: (850) 926-8811 Ext. 101

Att.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **NUTRA SPECIALISTS INC**

DOCUMENT NUMBER: **P14000024230**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL BASSETT

Name of Contact Person

BASSETT CONSULTING, LLC

Firm/ Company

52 BUNTING DRIVE

Address

CRAWFORDVILLE, FL 32327

City/ State and Zip Code

STAFF@CONSULTBASSETT.COM

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

For further information concerning this matter, please call:

BILL BASSETT

Name of Contact Person

at (**850**) **926-8811**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 APR -8 AM 8:57

NUTRA SPECIALISTS INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000024230

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2061 NW 2ND AVE, STE 206
BOCA RATON, FL 33431

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2061 NW 2ND AVE, STE 206
BOCA RATON, FL 33431

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

2061 NW 2ND AVE, STE 206

(Florida street address)

New Registered Office Address:

BOCA RATON

(City)

, Florida 33431

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

*The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/8/14

Signature: _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DEAN WAYNE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)