

P16000019831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/22/16--01022--004 **35.00

R/A Chg

MAR 28 2016

R. WHITE

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16 MAR 22 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zone Nutrition Inc.

Name of Corporation

DOCUMENT NUMBER: P16000019831

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:

Tiffany Smith

Name of Contact Person

Zone Nutrition Inc.

Firm/Company

7691 NW 14th St

Address

Pembroke Pines, FL 33024

City/State and Zip Code

tiffany@zonenutrition.org

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

For further information concerning this matter, please call:

Tiffany Smith

Name of Contact Person

at (754) 422-4341

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: Zone Nutrition Inc
2. The principal office address: 7691 NW 14th St, Pembroke Pines, FL 33024
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/1/16 Document number: P16000019831

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)

Rajhan S Smith (resigned)

7691 NW 14th St

Pembroke Pines, FL 33024

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

Tiffany A Smith

7691 NW 14th St

P.O. Box NOT acceptable

Pembroke Pines, FL 33024

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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.

T. Smith
Signature of an officer or director

Tiffany A. Smith, President

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.

T. Smith
Signature of Registered Agent

3/15/2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (03/12)