

P18000000 1463

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JUSTICE NUTRITION INC.
Name of Corporation

DOCUMENT NUMBER: P18000001463

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:

Samantha Sharenow
Name of Contact Person

JUSTICE NUTRITION INC.
Firm/Company

PO BOX 771888
Address

Orlando FL 32877
City/State and Zip Code

SC@justicenutrition.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Sharenow at (848) 992-8357
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Justice Nutrition INC.
2. The principal office address: 930 Carter Rd Suite 304 Winter Garden FL
3. The mailing address (if different): PO Box 771888 Orlando FL 32877
4. Date of incorporation/qualification: 1/4/18 Document number: P18000001463

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)

Gianni Amidani
5615 Oxford Moor Blvd
Windermere FL 34786

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

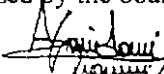
Samantha Sharenow
930 Carter Rd Suite 304
Winter Garden FL 34787

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FL

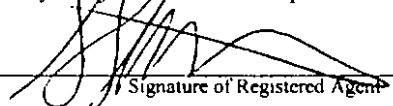
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 an officer or director

Gianni Amidani Owner
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.


Signature of Registered Agent

8/27/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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