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To:

Division of Corporations

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: (850)617-6380

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866-2589

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bril Address: managed reports @inCorp. Com & TALLENT

MAY 1 5 2019

Hr ut

REGISTERED AGENT CHANGE VEGA NUTRITION, INC.

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H190001677403

COVER LETTER

TO:	Amendment Secti Division of Corpo			
SUBJI	ECT:	Vega Nutrition, Inc		
		Name of Corpora	ation	
DOCU	MENT NUMBER	:P180000	94373	
The en	closed Statement of	Change of Registered Office/Age	nt and fee are submitted for filing.	
Please	return all correspor	dence concerning this matter to th	e following:	
		Jennifer Shar Name of Contact) Person	
InCorp Services, Inc.				
		Firm/Compan	у	
		3773 Howard Hughes Pkw	v · Suite 500S	
		Address	y. Sanc Soos	
		Lan Vanna NV 904	CO CO14	
		Las Vegas, NV 891 ———City/State and Zip		_
		managedreports@ind	corp.com 🗸	
	E-mai	address: (to be used for future	annual report notification)	
For fur	ther information co	ncerning this matter, please call:		
Je	nnifer Sharp on bei Name of Co	nalf of InCorp Services, Inc. at (ontact Person	800) 264-2677 Area Code & Daytime Telephone Number	
Enclose	ed is a \$35.00 check	made payable to the Department	of State.	
•				
	<u>M</u>	alling Address: nendment Section	Street Address: Amendment Section	
		vision of Corporations	Division of Corporations	
		O. Box 6327	Clifton Building	
		llahassee, FL 32314	2661 Executive Center Circle	
			Tallahassee, FL 32301	

CR2E045 (03/12)

H 19000 157 7403 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation:	u Vega Nutrition, Inc.	
2. The principal office address:	5889 S WILLIAMSON BLVD, STE 206	
	Day O 51 00400	<u> </u>
3. The mailing address (if differ	event):	
4. Date of incorporation/qualifi	ication: 11/14/2018 Document nu	P18000094373
The name and street address Florida Department of State:	of the current registered agent and registered (: (If resigned, enter resigned)	
	InCorp Services, Inc.	3E 3E
	5889 S Williamson Blvd · Ste 206	2019 HAY SECREF TALLES
	Port Orange, FL 32128	金数 宣
5. The name and street address (if changed):	of the new registered agent (if changed) and /	for registered office
	InCorp Services, Inc.	FA 0
	17888 67th Court North	[ri —
	P.O. Box NOT acceptable	
	Loxahatchee, FL 33470	
s changed will be identical.	y resolution duly adopted by its board of dig corporation has been notified in writing of	rectors or by an officer so the change.
K.Farogu	RUKIISAIIA J PA	
- Cor 12 orlice or dir		or Albert manie autr avid
hereby accept the appointment further agree to camply with a reformance of my divites, and gent. Or, if this document is by treby confirm that the corpora	nt as registered agent and agree to act in the provisions of all statutes relative to the lambda and agree to act in the provisions of all statutes relative to the lambda accept the obligation being filed merely to reflect a change in the altion has been notified in writing of this ci	or Albert manie and and
- Cor 12 orlice or dir	nt as registered agent and agree to act in the the provisions of all statutes relative to the lambda agree the additions of all statutes relative to the lambda agreet the object in the being filed merely to reflect a change in the ation has been notified in writing of this change.	his capacity. proper and complete proper and complete pro of my position as registered pregistered office address, I hange.

* * * 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)