

P1900000 3225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

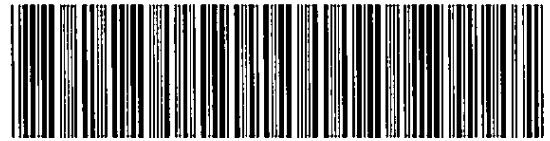
(Business Entity Name)

(Document Number)

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19 APR 29 AM 8:10
TALLAHASSEE, FLORIDA

APR 30 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2019

AARON STRAKER
STRAKER NUTRITION CO
4119 SE 10TH AVENUE
CAPE CORAL, FL 33904

SUBJECT: STRAKER NUTRITION CO.
Ref. Number: P19000003225

We have received your document for STRAKER NUTRITION CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 719A00003860

2019 APR 29 PM 3:36
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Update Registered Agent Address
Name of Corporation

DOCUMENT NUMBER: P19000003225

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:

Aaron Straker
Name of Contact Person

Straker Nutrition Co.
Firm/Company

4119 SE 10TH AVENUE
Address

Cape Coral, FL 33904
City/State and Zip Code

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

For further information concerning this matter, please call:

Aaron Straker at (610) 905-0903
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Straker Nutrition Co.
2. The principal office address: 4119 SE 10th Avenue, Cape Coral FL 33904
3. The mailing address (if different): 2070 Moseley Road, Moseley VA 23120
4. Date of incorporation/qualification: January 1, 2019 Document number: P19000003225
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)

Aaron Straker

2221 Santa Barbara Boulevard

Cape Coral, FL 33991

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

Aaron Straker

4119 SE 10th Avenue

P.O. Box NOT acceptable

Cape Coral, FL 33904

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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.


Signature of an officer or director

Aaron Straker

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

02/13/2019

Date

If signing on behalf of an entity:

Aaron Straker

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE