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Special Instructions to Filing Officer:
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Office Use Only

R.O. LFT 1-6-2003

FILED DIVISION OF CORFORATION; 2002 DEC 20 PM 3: 19 Date: 12-17-02

Dear Secretary of State:

Regarding: Nutrition and Wellness Consultants, Inc. Document Number: P95000024086

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Please find enclosed:

1. A Change of Registered Office Form (2 Copies) with a Filing check for \$35.00 Certified Copy check for \$8.75

2. An Officer Resignation Form (2 Copies) with a filing check for \$35.00 Certified Copy check for 8.75

Send Certified Copies To:

Maria Elena Hernandez Nutri-Licious 10850 SW 104 Street Miami, Florida 33176

Contact: Maria Elena Hernandez (305) 275-6500

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

- 1. The name of the corporation: <u>NUtrition &</u> <u>Wellness</u> <u>Consultants</u> Juc 2. The principal office address: <u>10850</u> <u>Sub</u> <u>10457</u> <u>HipMI</u>, <u>FL</u> <u>33176</u>
- 3. The mailing address (if different):_
- 4. Date of incorporation/qualification: 03/24/95 Document number: P9500024086
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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

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.

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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.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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