

P97000055914

Requestor's Name  
1348 Rumba Lane  
Address  
TALL City/State/Zip FL 3574-3419 Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

RA Change

1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

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NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

700002301387--6  
-09/23/97--01084--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of \_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: D & A Nutrition Inc.
- 1b. The mailing address of the corporation is: 1348 Rumba Lane  
TALL. FL. 32304
- 1c. Date of incorporation: 6/25/97 Document number: 997000655914

2. The name and address of the current registered agent and office:

Darrel Corradino  
11600 Pullen Road #B-9.  
TALL. FL.

3. The name and address of the new registered agent and Office: (P.O. Box Not Acceptable)

Adam Ogden  
1348 Rumba Lane  
TALLAHASSEE, FL. 32304

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.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE

Sept 22 / 97  
(Date)

Sept 22 / 97  
(Date)