P140009289

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Q17-Chg OCT 28-2014

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BOTANICA ERDIBRE, INC

Name of Corporation

DOCUMENT NUMBER, P14000056289

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:

GRACIELA MARTINEZ

Name of Contact Person

BOTANICA ERDIBRE INC

Firm/Company

1900 DUDLEY PL

Address

SARASOTA, FL 34235

City/State and Zip Code

suntaxes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIKSON BUENO

_,941 \961-437

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	iis 	
1. The name of t	he corporation: BOTANICA E	RDIBRE, INC		
2. The principal	office address: 1900 DUDDLI	EY PL		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/30/14	Document number: P1400005628	19	
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	ANAS ACCOUNTING S	ERVICES CORPORATION		
2055 WOOD ST SUITE 1		114	.	
	SARASOTA, FL 34237			
6. The name and street address of the new registe (if changed):		ed agent (if changed) and /or registered office		
	SUN TAX & SERVICES,	, LLC / ERIKSON BUENO	₹ 7. 9. 1. 9.	\Box
2931 SEQUOIA LN			# IS	
	P.O. Box NOT acceptable SARASOTA, FL 34237			
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered	d agent,	
Such change wa authorized by th	s authorized by resolution duly ac le board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
gioceia	Martine2 re of an officer or director	GRACIELA MARTINEZ (PRESIDE	NT)	
I hereby accept	the appointment as registered age	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registe to reflect a change in the registered office address, ified in writing of this change.	ered 1	
Elikon	64.1×umo	09/24/2014		
If signing on bel	native of Registored Agent	Date		
Ту	ped or Printed Name * * * FILIN	G 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)