The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	E ALEJANDRO MOLIERI			10/31/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	AALBERTS, JAN	Name	AALBERTS, NATHALIE	
Address	2300 SE RANCH ROAD	Address	2300 SE RANCH ROAD	
City-State-Zip:	JUPITER FL 33478	City-State-Zip:	JUPITER FL 33478	
Title	AMBR			
Name	ESSENSTAM, NATHAN			
Address	2300 SE RANCH ROAD			
City-State-Zip:	JUPITER FL 33478			

CORAL GABLES, FL 33134 US

2300 SE RANCH ROAD

JUPITER, FL 33478 US

FEI Number: 81-4284202

Name and Address of Current Registered Agent:

AGENT TRUSTEE SERVICES LLC 2600 S DOUGLAS RD SUITE 501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAN AALBERTS AMBR

10/31/2019

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000195996

Entity Name: NATHS NURSERIES, LLC

Current Principal Place of Business:

2300 SE RANCH ROAD JUPITER, FL 33478

Current Mailing Address:

Certificate of Status Desired: No

FILED Oct 31, 2019 Secretary of State 8754364923CC

Electronic Signature of Signing Authorized Person(s) Detail

Date