

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001804

**FILED  
Mar 19, 2019  
Secretary of State  
6258485613CC**

**Entity Name:** MOTHERLOVE HERBAL COMPANY

**Current Principal Place of Business:**

1420 RIVERSIDE AVE, STE 114  
FORT COLLINS, CO 80524

**Current Mailing Address:**

1420 RIVERSIDE AVE, STE 114  
FORT COLLINS, CO 80524

**FEI Number:** 84-1243270

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HIGGINS, KATHRYN  
Address 1420 RIVERSIDE AVE, STE 114  
City-State-Zip: FORT COLLINS CO 80524

Title VP  
Name COX, SILENCIA  
Address 1420 RIVERSIDE AVE, STE 114  
City-State-Zip: FORT COLLINS CO 80524

Title S  
Name COX, JASMIN  
Address 1420 RIVERSIDE AVE, STE 114  
City-State-Zip: FORT COLLINS CO 80524

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SILENCIA COX

VP

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date