

191276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

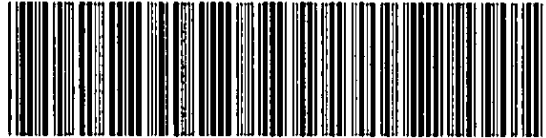
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900354371119

11/02/20--01009--020 \*\*35.00

2020.11.02 AM 8:38

RA/RO/chg

DEC 11 2020  
ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALD CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** 191276

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:

JANET ACKERMAN

Name of Contact Person

NATURE'S WAY NURSERY

Firm/Company

20950 SW 177 AVENUE

Address

MIAMI, FL 33187

City/State and Zip Code

jackerman@natureswaymiami.com

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

For further information concerning this matter, please call:

JANET ACKERMAN

Name of Contact Person

at (305) 251-6521

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WALD CORPORATION
2. The principal office address: 20950 SW 177 AVENUE, MIAMI, FL 33187
3. The mailing address (if different): PO BOX 971129, MIAMI, FL 33197
4. Date of incorporation/qualification: 02/29/56 Document number: 191276
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DAWN F WILSON

6095 SW 128 STREET

MIAMI, FL 33156

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

PETER REINERT

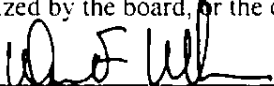
20950 SW 177 AVENUE

P.O. Box NOT acceptable

MIAMI, FL 33187

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.

  
Signature of an officer or director

DAWN F. WILSON, President  
Printed or typed name and title

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.

  
Signature of Registered Agent

10/27/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)