

657887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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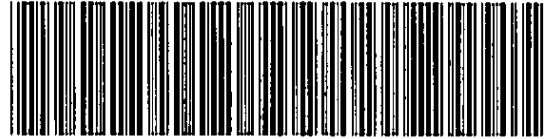
(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NATURE'S WAY NURSERY  
Name of Corporation

**DOCUMENT NUMBER:** 657887

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@naureswaymiami.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

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.

- CR2E045 (04/13)

2020年 2月 8日 37