## 657557

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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 r	matter to the following:
JANET ACKERMAN	
Name of Contact Person	<del></del>
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, pl	lease call:
JANET ACKERMAN	at (305 )251-6521
Name of Contact Person	at (305 )251-6521 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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CR2E045 (04/13)

## 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 Statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	ORIDA
1. The name of the corporation: NATURE'S WAY NURSERY INC	
2. The principal office address: 20950 SW 177 AVENUE, MIAMI. FL 33187	
3. The mailing address (if different): PO BOX 971129, MIAMI, FL 33197	
3. The mailing address (if different): PO BOX 971129, MIAMI, FL 33197  4. Date of incorporation/qualification: 05/04/80 Document number: 657887	
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the .
DAWN F WILSON	
6095 SW 128 STREET	20
MIAMI, FL 33156	2020 :
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	င်း သု
P.O. Box NOT acceptable MIAMI, FL 33187	7
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change.	
	im, President
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	plete performance agent. Or, if this confirm that the
Peter E Reviset 10/27/28 Signature of Registered Agent 10/27/28	
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)