F22000004587

(Requestor's Name)			
	Address)			
(.	Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)			
(Document Number)				
Centified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
L				

Office Use Only



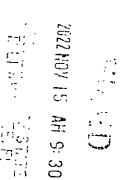
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A. BUTLER

NOV 16 2022



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: NECTARINE LABS, INC.	
Name	of Corporation	
DOC	UMENT NUMBER: F22000004587	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
SARA	H ENCINAS	
Name	of Contact Person	
FILEJ	ET INC.	
Firm/0	Ompany	
10440	PIONEER BLVD SUITE 8	
Addre	SS	,
SANT	A FE SPRINGS, CA 90670	
City/S	tate and Zip Code	
	REGISTEREDAGENT@FIL	.EJET.COM
E-mai	l address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
SARA	H ENCINAS	at (949)259-5955 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State of	f DELAWARE
	the corporation: NECTARINE LABS. II	·	
2. The principal MIAMI, FL 331.	office address: 215 NW 24TH STREET	SUITE 400	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 07/21/2022	Document number: F22000	004587
	d street address of the current registered runent of State: (If resigned, enter resig		with the
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301-2525		_
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered o	2022 NOV 15
	625 E. TWIGGS ST., STE 110		
		Box NOT acceptable	AH 9: 31
The street address changed will	ess of its registered office and the stree	et address of the business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by a notified in writing of the change.	n officer so
Jack	Hamme	JACK ABRAHAM PRESIDENT	•
•	ire of an officer or director	Printed or typed name and	title
t Jurther agree i of my duties, an document is bei	t the appointment as registered agent of to comply with the provisions of all sta ad I am familiar with and accept the of ing filed merely to reflect a change in s begn notified in writing of this chang	atutes relative to the proper and co bligation of my position as register the registered office address, there	omplete performance ed agent. Or, if this eby confirm that the
L	e l	11/8/2022	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
ANDREW WHI	TE		
T	yped or Printed Name		
	* * * FILING F	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)