

**L04000032884**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

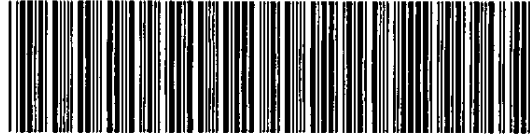
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 19 AM 9:39

10-20-2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2015

DEBORAH KAICHER PASTRAN ESQ  
333 NE 8TH STREET  
HOMESTEAD, FL 33030 US

SUBJECT: ELEGUA ELECTRICIAN & HVAC CORP  
Ref. Number: P14000032884

*Nature's Dream Nursery*

We have received your document for ELEGUA ELECTRICIAN & HVAC CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number and the name do not match. One is LLC and one is corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 715A00018225

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- |   |       |
|---|-------|
| 1. The name of the corporation: Nature's Dream Nursery, LLC           | _____ |
| 2. The principal office address: 18250 SW 184 Street, Miami, FL 33187 | _____ |
| 3. The mailing address (if different)                                 | _____ |
| 4. Date of incorporation/qualification: April 30, 2004                | _____ |
| Document number: L04000032884   | _____ |

g address of limited liability company:  
e: MAY BE POST OFFICE BOX

3. \_\_\_\_\_  
Date of filing/registration in Florida

4. L04000032884  
Document number

5. (a) \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Raimundo Rueda  
12385 SW 73<sup>rd</sup> Ave  
Pinecrest, FL 33156

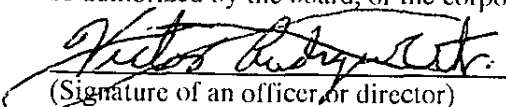
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed)

Raul Pastran  
333 NE 8<sup>th</sup> Street  
Homestead, FL 33030  
pastranpa@gmail.com

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  
\_\_\_\_\_

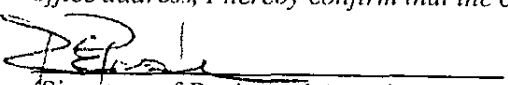
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Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

MANAGING MEMBER  
(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)

OCT 1, 2015  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)