

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

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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---|--|---|--|
| SUBJ | · · · · · · · · · · · · · · · · · · · | yked Botanicals LLC | |
| | Name of E | Limited Liability Company | |
| Dear S | Sir or Madam: | | |
| The er | nclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. | |
| Please | e return all correspondence concerning | this matter to the following: | |
| | | | |
| | Vicki Karlin | | |
| | Name of Person | | |
| | Nayked Botanicals LLC | | |
| | Firm/Company | | |
| | 17 Little Harbor Way | | |
| | Address | | |
| | Deerfield Beach, Fl 33441 | | |
| | City/State and Zip Code | | |
| E. | -mail address: (to be used for future annual report n | otification) | |
| | orther information concerning this matt | | |
| roi tu | nuici information concerning this mate | er, piease can. | |
| | | at () | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |
| | | | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| Name of the limited liability company: | Nayked Botanicals LLC | | | |
|--|---|--|--|--|
| 2. (a) Principal office address of limited liability company | y: 17 Little Harbor Way | | | |
| (Note: MUST BE STREET ADDRESS) | Deerfield Beach, Fl 33441 | | | |
| (b) Mailing address of limited liability company: | 17 Little Harbor Way | | | |
| (Note: MAY BE POST OFFICE BOX) | Deerfield Beach, Fl 33441 | | | |
| | 208000100058 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| Registered Agent: | Dena Karlin | | | |
| Registered Office Address: | 17 Little Harbor Way Deerfield Beach, Fl 33441 | | | |
| | | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| NEW Registered Agent: | Vicki Karlin | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 17 Little Harbor Way | | | |
| | Deerfield Beach ,FL33441 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Trinted or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my part of the provisions of the limited liability company address, Thereby confirm that the limited liability company | AM 8: 23 | | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent