112000014409

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

Office Use Only



300308535733

02/05/18--01027--007 *+55.00



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Of The Earth Natural Sales Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Shane Hennessy Name of Person			
Of The Earth Natural Sales Firm/Company			
401 SE Tranquila Ave Address			
Port St. Lucie, Fl. 34983 City/State and Zip Code			
Shane of the earth@yahoo.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shane Hennessy at (561) 401-6323 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			

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

Florid		
1. Na	ame of the limited liability company: Of The E	arth Natural Sales
2. (a)	(o)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	401 SE TRANQUILA AVE.	401 SE TRANQUILA AVE
	Port St. Lucie, FL. 34983	Port St. Lucie FL. 34983
	1/31/2012	L12000014409
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agent, I Registered Agent and Registered Office shown on the records of the Morid	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	<u> </u>
	13302 Winding Oak Ct.	Suite A
	TAMPA ,FL 3	3612
(b)	Shane Hennessy	A. 65 18
	Enter name of NEW Registered Agent and/or NEW Registered Office at	idress:
	Shana Hannessy	SE & F
	NEW Registered Office Address:	
	401 SE TRANQUILA AL	The same and
	Port St. Lucie ,FL 30	1983
the cha agent was/w	limited liability company is not organized under the laws of the ange or changes are made, the Florida street address of the regional be identical. Or, in the case of a Florida limited liability core authorized by an affirmative vote of the members of the limited organization or the operating agreement of the limited	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
امر	ature of a member or authorized representative of a member	Shane Hennessy Printed or typed name of signee
the ob- to mer	by accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perforn ligations of my position as registered agent as provided for in rely reflect a change in the registered office address, I hereby to in writing of this change.	can ans capacity. I further agree to comply with the same of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

Signature of Registered Agent