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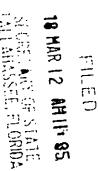
(Requestor's Name)				
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S. WARREN
MAR 1 3 2018

COVER LÉTTER

TO: Registration Section Division of Corporations	*				
Second Nature, LLC SUBJECT:					
•	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the	following:			
Makiah Sweat Fox					
Name of Person					
Second Nature, LLC					
Firm/Company					
P.O. Box 30563					
Address					
Pensacola, FL 32503					
City/State and Zip Code		_			
makiahrsweat@gmail.com					
E-mail address: (to be used for future ann	ual report notif	fication)			
For further information concerning this matter,	please call:				
Makiah Sweat Fox	850	549-7649			
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	2 \$	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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

2. (a)	ame of the limited liability company: Second National Nat	(b)	P.O. Box 30563
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Milton, FL 32583		Pensacola, FL 32503
	May 23, 2014		_14000084066
3.	Date of filing/registration in Florida	— _{4.} –	Document number
5. (a)	Corporation Service Company		
J. (4,	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)	
	Tallahassee, F	32301	
(b)	Roger Williams		MAR 12 PM
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	ress:
	6901-A North 9th Avenue		TLED 12 AMIN 95 ASSEE, FLORID
	NEW Registered Office Address:		
	Suite 246		
	Pensacola , F	32504	
the cha agent was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability con of the limit	ered office and the business office of the registere npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Makiah ment 100		iah Sweat Fox
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this g