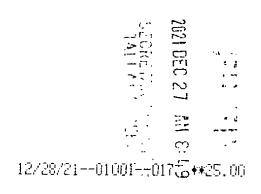
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(F	Requestor's Name)	
(A	Address)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions t	o Filing Officer	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassec, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nature's Boundary LLC An of los. File LTD Partnership File Poreign Corp. File L.C. File Ficunious Name File Trade/Service Mark Noteger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Phoso Copy Phoso Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Sware Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Renieval Walk-In Will Pick Up Courier_			
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			L.C. File
Merger File			Fictitious Name File
Art. of Amend. File			Trade/Service Mark
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Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Officer Search			Corp Record Search
Fictitious Owner Search			Officer Search
Signature			Fictitious Search
Vehicle Search			Fictitious Owner Search
Courier_ Courier_	Signature		Vehicle Search
Courier_ Courier_			
UCC Search UCC Search UCC Retrieval UCC UCC Retrieval UCC UCC Retrieval UCC UCC Retrieval	Requested by: epit	ru	
Name Date			
Walk-In Will Pick Up Courier	Name	Date Time	
The Program & Printing & Underly (NAPA) (IA) BITC.	Walk-In	·	

COVER LETTER

TO:	Registration Section Division of Corporations			
	NATURE'S BOUNDARY, LLC	•		
SUBJ	ECT:			
		Name of Lim	ited	Liability Company
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered	I Office Chang	ge an	d fee(s) are submitted for filing.
Please	return all correspondence concernit	ng this matter	to the	e following:
JENNI	FER NEWMAN			
	Name of Person			
	Firm/Company			
626 C/	AROLINE STREET			
	Address			
KEY V	VEST, FLORIDA 33040			
	City/State and Zip Co	 nde		
JENNI	FER@JENNIFERNEWMAN.ORG			
<u>l</u>	E-mail address: (to be used for future	e annual repor	t not	ification)
For fu	rther information concerning this ma	atter, please ca	all:	
JENNI	FER NEWMAN	323	3	600-5678
		at ()
	Name of Person			Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:		
	□ \$25 Filing Fee			\$55 Filing Fee & Certified Copy
INHSI	8 (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 Florida.

	me of the limited liability company:					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing addre		liability	company:
	11741 ROAD 191	1174	1 ROAD 191	1 111, 1 ()()1	(77.77(.)	<u>c. 100.1</u>)
	OAKWOOD, OHIO 45873	ОЛК	WOOD, OH 4587	'3		
	12/28/2015	L1500	0213343			
	Date of filing/registration in Florida	4.	Document	number		
(a)						
•	Registered Agent and Registered Office shown on the records of PEREGRIN LAW FIRM, PA	the Florida Dept.	of State;			
	Registered Office Address (MUST BE FLORIDA STREET) 6621 WILLOW PARK DRIVE #1	ADDRESS)				
	NAPLES	34109		<u>ل</u> آبان	202	
				250	2021 DEC	4.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:		+ 17	27	* *
	JENNIFER NEWMAN			. :		
	NEW Registered Office Address: 626 CAROLINE STREET				:: :::::::::::::::::::::::::::::::::::	
				•	G	
	KEY WEST FI	33040				
ange ent v is/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of the operating agreement of the Cury Cooper	registered offi ability company of the limited li	ce and the busing y, it is hereby con ability company y company.	ess office on infirmed the	of the re at the c	egistered hange(s)
Signat	ture of a number community of a member		Printed or ty	ped name of	signee	
ovisi e obli merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I i I in writing althis change.	ee to act in this performance o d for in Chapte hereby confirm	s capacity. I furt f my duties, and ; r 605, F.S. Or, i that the limited l	her agree I am famil I this docu iability co	to comp iar with iment is impany	oly with the 1 and accep 5 being filed has been
	Jennifer M Newman					