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SECRETARY OF STATE

J. HARRIS

COVER LETTER

Division of Corporations					
SUBJECT: Holly's Natural Products Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Holly's Natural Products Firm/Company					
11 Lexington Lane E. Unit H					
Palm Beach Gardens, FL 33418 City/State and Zip Code					
info a hollysnatural product. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Holly Elkin at (727) 423.6313 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 \$\square\$ \$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 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.

rioriaa.			
1. Name of the limited liability company: Holly'S	Natural	Products,	LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Hui	IY EIKIN Iailing address of limited liabil (Note: MAY BE POST OFF	
11 Lexington Lane E. Unit H	11 Lexi	ington Lane	E. Unit
Palm Beach Gardens, FL 33418		Beach Gardens,	
3. Date of filing/registration in Florida		00114044	
•		Document number	
5. (a) Legal Zoom/ United States Registered Agent and Registered Office shown on the records of the l	Corporati	ion Agents, In	· ·
13302 Winding Oak Cour Registered Office Address (MUST BY FLORIDA STREET ADD)		
Suite A			
Tampa ,FL.	33612	۶.	
(b) Holly Elkin		た 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	6 <u> </u>
Enter name of NEW Registered Agent and/or NEW Registered Off	ice address:	<u> </u>	1
11 Lexington Lane Eas	t	유 연합 문화	
NEW Registered Office Address:		GR.	 ω
Unit It	•	DE A	\times
Palm Beach Gardens, FL.	33418		
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil	registered office	and the business office of	of the registered
was/were authorized by an affirmative vote of the members of the	ne limited liability	company or as otherwis	e provided in
the articles of organization or the operating agreement of the lin			
Signature of a member or authorized representative of a member	HOTIY !	E/Ki\(\sigma\) Printed or typed name of sign	ee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pet the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I her notified in writing of this change.	to act in this cana	acity. I further agree to o	comply with the

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

Signature of Registered Agent