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COVER LETTER

Registration Section
Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: Holly'S Natural Products, LLC 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:							
Itolly Elkin Name of Person							
Holly's Natural Products Firm/Company							
111 DOOLEN Court #310 Address							
North Palm Beach, FL 33408 City/State and Zip Code							
elkin 313 a gmail. 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 Clifton Building Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							

□ \$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.

1. Na	ame of the limited liability company:	N	atural	Produc	ts_	
2. (a)	Principal office address of limited liability company:	_ (b) 111 D	oden Cod	rt ed liabilin	Unit 316
	(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE PO		
	North Palm Beach, FL	_	Nort	h Palmi	Beac	h, FC
	33408	_			334	08
	6/13/16		L1600		4	
3.	Date of filing/registration in Florida	4.		Ocument number		
5. (a)	Holly Elkin					
	Registered Agent and Registered Office shown on the records of th	e Floric	ia Dept. of State:			
	Registered Office Address MUST BE FLORIDA STREET AL	– DDRES	SS)			
	•				<u>ئ</u> ر چ	
	Palm Beach Gardens, FL	} ;	33418			6 41/6 29
(b)	Holly Elkin					29
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:			PR ST
	111 Doolen Court Ur	nt-	310		min.	න වා වා
	NEW Registered Office Address:		7112B			
	North Palm Beach, FL	<u> </u>	3408			
,	, FL_					
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of it les of organization or the operating agreement of the l	the reg bility (Tthe li	gistered office a company, it is mited liability	and the business on hereby confirmed company or as of	office of that the	the registered change(s)
A	dy Elkin	/	Holly	Elk. Printed or typed name	<u> </u>	
-	ture of amember or authorized representative of a member		•			
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to a perfori for in ereby	ct in this capac nance of my di Chapter 605, confirm that th	city. I further agr uties, and I am fai F.S. Or, if this do ne limited liability	ee to co miliar w ocument compar	mply with the ith and accept is being filed ny has been
Signan	ire of Registered Agent					
	Division of Corporations • P.O. B	ox 632	27• Tallahass	ee, FL 32314		

FILING FEE: \$25.00