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## COVER LETTER

TO: Registration Section Division of Corporations						
Tea Posh Naturals LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Tyrica Moore						
Name of Person	<del></del>					
Tea Posh Naturals LLC						
Firm/Company						
PO Box590843						
Address	<del></del>					
Fort Lauderdale Florida 33359						
City/State and Zip Code	<del></del>					
teaposhnaturals@gmail.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please of	all:					
Tyrica Moore 78	36 274 2594					
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	:					
S25 Filing Fee	☐ \$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 Florida.

1. N	lame of the limited liability company: Tea Posh Na	turals l	_LC				
2. (a)	4740 W Atlantic Blvd	(b) PO Box 590843					-
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	· · · · · · · · · · · · · · · · · · ·		_	of limited liability RE POST OFFICE	
	Apt 201	_	Fort L	audei	rdale FI 3	33359	
	Coconut Creek FI 33063						
	12/07/2016		L16000	)2214	13		
3.	Date of filing/registration in Florida	4.		Do	cument nu	mber	
5. (a)	Alexis Nethersole						
υ. (ω)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of S	State:			
	4216 W Stonecreek Cir						
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES:	<u>S)</u>			Z.S	<b></b>
						LCE ECB	7
	Hollywood ,FL	33024				HAS	<del>2</del> <u>11</u>
(b)	Tyrica Moore					11163	
• • •	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			0-1	≖ ∪ پ
	4740 W Atlantic Blvd					TE IDA	) B
	NEW Registered Office Address:						
	Apt 201			_			
	Coconut Creek , FL	33063					
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co I the lim	stered off impany, i ited liabi	ice and t is her lity cor	the busine cby confiring the confirmation of the confirmat	ess office of t	he registered change(s)
37,	Miga!	-	VRIC	a	W.	name of signee	
Signat	the of a member or authorized representative of a member						
	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete protections of my position as registered agent as provided by reflect a change in the registered office address, I have been a change in the registered office address, I have been a change in the registered of the change.	ee to act performa for in C ereby co	in this ca unce of m Chapter of onfirm tha	pacity y dutie 05, F.S nt the h	. I further s, and I an i. Or, if thi imited liab	agree to com n familiar wit is document is ility company	ply with the h and accept s heing filed has been