

L17000057937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

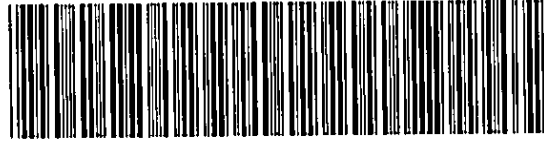
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 24 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2018

ANNA MCLEAN
5020 CLARK RD, #407
SARASOTA, FL 34233

SUBJECT: NATURE'S BIOSCIENCE, LLC
Ref. Number: L17000057937

We have received your document for NATURE'S BIOSCIENCE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 418A00025068

2019 JAN 24 AM 10: 21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nature's Bioscience, 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:

Anna McLean

Name of Person

Nature's Bioscience, LLC

Firm/Company

5020 Clark Rd # 407

Address

Sarasota, FL 34233

City/State and Zip Code

info@naturesbioscience.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna McLean

Name of Person

at (941) 404 9279

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

☒ \$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. Name of the limited liability company: Nature's Bioscience, LLC
2. (a) 5020 Clark Rd #407, Sarasota FL 34233 (b) _____
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. Jan 15, 2018 Date of filing/registration in Florida 4. L17000057937 Document number

5. (a) Robert McLean
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5020 Clark Rd #407
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sarasota, FL 34233

- (b) Anna McLean
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5020 Clark Rd #407
NEW Registered Office Address:

Sarasota, FL 34233

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature 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 change.

Signature of Registered Agent

Robert McLean

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00