

L18 000 114449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OWLS IN THE BOX 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:

JANET ACKERMAN

Name of Person

NATURE'S WAY FARMS

Firm/Company

20950 SW 177 AVE

Address

MIAMI FL 33187

City/State and Zip Code

jackerman@natureswaymiami.com

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

For further information concerning this matter, please call:

JANET ACKERMAN at (305) 251-6521 EXT 213

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2020

JANET ACKERMAN
NATURE'S WAY NURSERY
20950 SW 177 AVENUE
MIAMI, FL 33187

SUBJECT: OWLS IN THE BOX, LLC
Ref. Number: L18000114449

We have received your document for OWLS IN THE BOX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00025002

**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: OWLS IN THE BOX LLC
2. (a) 20950 SW 177 AVE MIAMI FL 33187 (b) PO BOX 971129 MIAMI FL 33197
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. 5/10/18 Date of filing/registration in Florida 4. L18000114449 Document number

5. (a) PETER REINERT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
215 EOLA DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32801

- (b) PETER REINERT
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

20950 SW 177 AVENUE

MIAMI, FL 33187

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]
Signature of member or authorized representative of a member

DAWN WILSON
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]
Signature of Registered Agent