

L18 000 192 907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

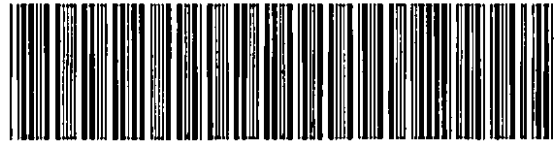
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600365009696

04/28/21--01012--023 \*\*25.00

FILED  
2021 APR 28 AM 6:09  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Curative CBD, 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:

J'Andrea Harris

Name of Person

Curative CBD LLC

Firm/Company

2412 Irwin Street

Address

Melbourne, Fl. 32901

City/State and Zip Code

curativecbd@gmail.com

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

For further information concerning this matter, please call:

J'Andrea Harris

407 494-0525  
at ( )

Name of Person

Area Code &amp; 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

**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: Curative CBD, LLC

2. (a) \_\_\_\_\_ (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**)

2412 Irwin St, Melbourne, FL 32901

2412 Irwin St, Melbourne, FL 32901

8/13/2018

L18000192907

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

J'Andrea Harris

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8546 PALM PARKWAY #552

Orlando, FL 32836

FILED  
2021 APR 28 AM 6:09  
TALLAHASSEE, FLORIDA

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2412 Irwin Street

Melbourne, FL 32901

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.

J'Andrea Harris  
Signature of a member or authorized representative of a member

Printed or typed name of signer

*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.*

J'Andrea Harris  
Signature of Registered Agent