

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: **Registration Section Division of Corporations**

NATIVE VANILLA LLC SUBJECT:

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:

Cheyenne Moseley

Name of Person

Legalzoom.com. Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

danedmiston675@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley	800 773-0888 ext 9724
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:
\$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

... 2019 JAN - 7 AM 11: 09

[T

-4

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.

a) Principal office address of limited is	inhility company"	(b)	Mailing uddress (of limited liability compa	ny:
(<u>Note: MUST DE STREET.</u>	ADDRESS)		(Note: MAY)	<u>BE POST OFFICE BON</u>	9
612 VALLEY STREAM DF	RIVE		612 VALLEY S	STREAM DRI	VE
GENEVA, FL 32732			GENEVA, FL 3	32732	
08/24/2018		L	18000203125		
Date of filing/registration i	in Florida	4.	Document n	umber	
DANIEL EDMISTON			Dept. of State.		
Registered Office Address (MUST BE					
Registered Office Address (MIJST IIE 612 VALLEY STREAM DF	RIVE	ADDRESSI		201	
Registered Office Address (MUST BE		ADDRESSI		11 8102 J	
Registered Office Address <u>(MUST IIE</u> 612 VALLEY STREAM DF GENEVA	₹IVE , F	ADDRESSI		2019 JAN -	
Registered Office Address (MUST IIE 612 VALLEY STREAM DF GENEVA	₹IVE , F	ADDRESSI		2019 JAN - 7 2014 ARACSI (
Registered Office Address <u>(MUST IIE</u> 612 VALLEY STREAM DF GENEVA	RIVE , F	ADDRESSI		hACSTE	
Registered Office Address (MUST III) 612 VALLEY STREAM DF GENEVA b) Enter name of <u>NEW Registered Agent</u> and	RIVE , F	ADDRESSI		MAN - 7 - AM HE NACEST OF STA NACEST OF PLOD	
Begistered Office Address <u>(ANIST IIE</u> 612 VALLEY STREAM DF GENEVA b) Enter name of <u>NEW Registered Agent</u> and United States Corporation	RIVE , F	ADDRESSI		hACSTE	

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.

Daniel Edmiston Printed or typed name of signee Signature of member or authorized representative of a member

Thereby 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 mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

STATES CORPORATION AGENTS, INC. Signature of Registered Agent

> Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314 **FILING FEE: \$25.00**