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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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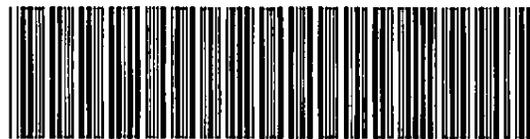
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Namaste Naturally 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:

Nichole K. Sando
Name of Person

Firm/Company

4340 NW 194th Street
Address

Miami Gardens, FL 33055
City/State and Zip Code

namastenaturally@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole K Sando at (786) 641-2226
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

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: Namaste Naturally LLC

2. (a) <u>4340 NW 194th Street Miami Gardens, FL 33055</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>4340 NW 194th Street</u> <u>Miami Gardens, FL 33055</u>	(b) <u>4340 NW 194th Street Miami Gardens, FL 33055</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>4340 NW 194th Street</u> <u>Miami Gardens, FL 33055</u>
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3. <u>August 15, 2022</u> Date of filing/registration in Florida	4. _____ Document number
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5. (a) Registered Agents Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agents Inc.
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
7901 4th Street North STE 300
St. Petersburg, FL 33702

(b) Nichole K. Sando
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Nichole K. Sando
NEW Registered Office Address:
4340 NW 194th Street
Miami Gardens, FL 33055

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 TALLAHASSEE, FLORIDA

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.

<u>Nichole K. Sando</u> Signature of a member or authorized representative of a member	<u>Nichole K. Sando</u> Printed or typed name of signee
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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.

Nichole K. Sando
 Signature of Registered Agent