

K20 000 264415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

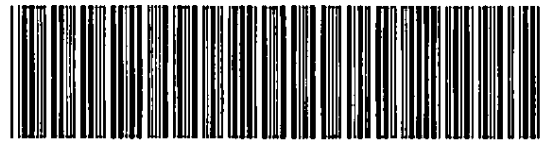
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000392756640

08/19/22--01007--010 \*\*25.00

2022 AUG 19 PM 1:48  
ALL DOCUMENTS FILED

NOV 30 2022

S. PRATHEP

## 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

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) 4340 NW 194th Street Miami Gardens, FL 33055 (b) 4340 NW 194th Street Miami Gardens, FL 33055

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

4340 NW 194th Street

Miami Gardens, FL 33055

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

4340 NW 194th Street

Miami Gardens, FL 33055

August 15, 2022

3. Date of filing/registration in Florida 4. Document number

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

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.

Nichole K. Sando  
Signature of a member or authorized representative of a member

Nichole K. Sando

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.*

Nichole K. Sando  
Signature of Registered Agent

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