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(Requestor's Name)							
(Address)							
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(Business Entity Name)							
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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	ORGANIC FI	PST, U.C.					
	Name of Limited I	Liability Company					
Dear Sir	or Madam:						
The encle	osed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.					
Please re	turn all correspondence concerning this matter to the	following:					
<u> </u>	Name of Person						
	ORGANIC FIRST, LLC. Firm/Company	_					
19	633 STAR ISLAND DRIVE Address						
BC	CA PLATON, FL 33498 City/State and Zip Code						
Organic 1st@outlook. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
KATH	PANILA at (_56) Name of Person	Area Code & Daytime Telephone Number					
i 1	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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.

I. Na	me of the limited liability company:	ORGANIC	C FIRST	, LLC.		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b) _	Maili	19633 STAT ng address of limited lia ote: MAY BE POST O	ability o	ompany:
	BOCA RATON, FL 3348	6	BOCIA	eaton, 1	FL	33498
2	O2 / 26 / 2021 Date of filing/registration in Florida	4.		0009533	3	
3.		٦.	1500	ament namoer		
5. (a)	ANGELA BRAY Registered Agent and Registered Office shown on the reco	ords of the Florida De	ent of State:			
	180 SW 12th AVE.	and of the Communication	opin or oxaco.			
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)				
		-		<u> </u>	2021	
	BOCK RATON	_, FL 334	86	LAHASSEE	APR 20	
(b)	Enter name of NEW Registered Agent and/or NEW Reg	istered Office addre	288;		PH	
				0R1	ვ. 09	
	19633 STAR ISLAND	DRIVE		> >	ဖ	
	NEW Registered Office Address:					
	BOCA RATON	.FL 3349	98			
change agent v was/we	imited liability company is not organized under to or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memoles of organization or the operating agreement of	of the registered of ited liability comp obers of the limite	office and the pany, it is her ed liability co	e business office of eby confirmed that mpany or as otherw	the re the cl	gistered nange(s)
	Mothery Sunder	<u> K</u> ı		NE DAVILA		
_	ture of a member or authorized representative of a member			nted or typed name of si		
provisi the obl to mere	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pr ely reflect a change in the registered office addre I in writing of this change.	nd agree to act in aplete performand ovided for in Cha ess. I hereby conf	this capacity se of my dution apter 605, F arm that the i	: I further agree to es, and I am familia S. Or, if this docum limited liability com	comp or with nent is npany	oly with the and accept being filed has been
Signatu	re of Registered Agent	_				