Florida Department of State

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(((H24000050563 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone

: (888)462-3453

Fax Number

: (877)919-2613

**Enter the email address for this business entity to be used for future 🛱 annual report mailings. Enter only one email address please.*

Email Address:____

efile1234@incfile.com



LLC REGISTERED AGENT CHANGE OSHUNS HONEYPOT BOTANICA LLC

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COVER LETTER

(((H240000505633)))

TO: Registration Section Division of Corporations	
SUBJECT: OSH	UNS HONEYPOT BOTANICA LLC
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	nis matter to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
efile1234@incfile.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matte	; please call:
LOVETTE DOBSON	i (888) 462-3453
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 followin	g amount: (((H24000050563 3)
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000050563 3)))

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)	20 Lake Shipp Ct	(b) Po Box 504			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		_	s of limited liability company: Y BE POST OFFICE BOX)
	Winter Haven, FL 33880	-	Winter I	Haven, FL, 3388	32. US
	12/22/2021	-	L2200000		
	Date of filing/registration in Florida	4.		Document r	numher
a)	REPUBLIC REGISTERED AGENT LLC				
uj	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of St	 late:	
	1150 NW 72ND AVE TOWER I		•		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS			202 ! Sh
	STE 455				FIL 2024 FEB - SEGGLIAN
	MIAMI	3126			B - 7
(b) _	Zalie Anderson			_	FILED 24FEB-7 AM 8 TALLAHASSEE
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	iress:	- -	8: 30 F. F. F.
	20 Lake Shipp Ct				06
	NEW Registered Office Address:			-	·
	Winter Haven 33	eon_			
	Winter Haven , FL 33			<u>—</u>	
w ve	mited liability company is not organized under the laws or changes are made, the Florida street address of the regill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the second organization or the operating agreement of the limited liabilities.	gistere lity coi he lim	npany, it ted fiabili	nd the busines is hereby conf ity company of	s office of the registered
_	Zalie Anderson		-	•	nderson
	ire of a member or authorized representative of a member				ed name of signee
iliz rei	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete per gations of my position as registered agent as provided fo ly reflect a change in the registered office address. I her in writing of this change.	to act rforma or in C eby co.	in this cap nce of my hapter 60 nfirm that	pacity. I furthe duties, and I o 5. F.S. Or, if i the limited lic	er agree to comply with th am familiar with and acce this document is being file ability company has been
	→ 1-11 A 1 Y				(((H24000050563