

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000433595

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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: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 BOTANICA OCALA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 NOV -4 PM 4:30

RECEIVED  
 FLORIDA DEPARTMENT OF STATE  
 101 S. DEKALB AVE. SUITE 1000  
 TALLAHASSEE, FL 32399-0001

2022 NOV -4 PM 2:11

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 S. Brumbley

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOTANICA OCALA 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:

LOVETTE DOBSON

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

at ( 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 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 (((H22000378517 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.

1. Name of the limited liability company: BOTANICA OCALA LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3050 NE 55TH AVE #275

SILVER SPRINGS, FL 34488

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3050 NE 55TH AVE #275

SILVER SPRINGS, FL 34488

10/07/2022

L22000433595

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

KARINA FERNANDEZ

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

14630 NE 161ST PLACE

FORT MCCOY, FL 32134

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Karina Fernandez

**NEW Registered Office Address:**

3341 E Silver Springs Blvd.

Ocala, FL 34470

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AND  
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FLORIDA DEPT. OF STATE  
TALLAHASSEE, FL 32310

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.

Sonia Molina

Signature of a member or authorized representative of a member

Sonia Molina

Printed or typed name of signer

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.

Karina Fernandez

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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