

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000378517 3)))



H220003785173ABC2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

S

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (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:

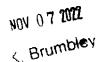
LLC REGISTERED AGENT CHANGE **BOTANICA OCALA LLC**

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02
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BOTANICA OCALA LLC		
Name of	f Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the	following:
LOVETTE DOBSON		
Name of Person		
INCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 #220		
Address		
HOHETON TEVAS 77064		
City/State and Zip Code		
· ·		
E-mail address: (to be used for future annual	report noti	fication)
For further information concerning this matter, ple		
For further information concerning this matter, pre-	ase can.	
LOVEITE DOBSON	888 at (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 an	sount:	
■ \$25 Filing Fee	□ :	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		(((H22000378517 3)))

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.

(a)			(b)_		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				tiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3050 NE 55TH AVE #275 SILVER SPRINGS, FL 34488		30		TH AVE #275
			SI	ILVER SPE	RINGS, FL 34488
	10/07/2022		L22000433595		
	Date of filing/registration in Florida	4.		D	ocument number
(a)					
` '	Registered Agent and Registered Office shown on the records of	of the Flori	da De	pt, of State:	
	KARINA FERNANDEZ				
	Registered Office Address (MUST BE FLORIDA STREET 14630 NE 161ST PLACE	T ADDRE	<u> </u>		60
	FORT MCCOY	L_32134			APPR AT FIL 022 NOV -4 11-318-34-31 ATT ATTASS
					AP AP
(b)					
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	addre	<u>:55</u>	
	Karina Fernandez				1 2 E
	NEW Registered Office Address:				
	3341 E Silver Springs Blvd,				
	Ocala	L34470			
ange gent v as/w e art	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the work of a member	ne registe liability s of the l ne limite	ered comp imite d liat	office and pany, it is t d liability pility comp Molina	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
here rovis ie oh	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ly reflect a change in the registered office address,	gree to a te perfor ted for it I hereby	ict in mand Cho conf	this capac ce of my di apter 605, irm that th	city. I further agree to comply with the uties, and I am Jamiliar with and accep F.S. Or, if this document is being filed ic limited liability company has been