Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE NATURE ALLIC

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6. 132.3

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. N	ame of the limited liability company: NATURE ALLC	<u> </u>	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company; (Note: MAY BE POST OFFICE BON)
	09/27/23	L230004	147940
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZENBUSINESS INC.		
	Registered Agent and Registered Office shown on the records of the	lie Florida Dept, of	State.
	336 E. COLLEGE AVE.		_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	SUITE 301		7.3
	TALLAHASSEE	32301	
			
(b)	Northwest Registered Agent ŁŁC		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	· ·
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL.	33702	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the I	the registered of bility company, f the limited liab imited liability	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
C:	10 24 Sept. 17 4 ture of a member of authorized representative of a member	Nat Smith	
I here provis the ob- to mcr	ture of a member of authorized representative of a member by accept the appointment as registered agent and agressors of all statutes relative to the proper and complete placetions of my position as registered agent as provided elverflect a change in the registered office address. I had in writing of this change. Taylor Newman Assistant Secretary	performance of i for in Chapter ereby confirm th	my duties, and I am Familiar with and accept
Signati	re of Registered Agent	,	