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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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2024 APR 16 PH 1:53 SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	SUBJECT: NATURALLY CLEAN LLC					
	Name of L	Limited Liability Company				
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Office Cha	nange and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matte	ter to the following:				
Michael	l Serrano					
	Name of Person					
ZenBus	iness Inc.	6-7				
	Firm/Company	024 A				
336 E. 0	College Ave. Suite 301					
	Address					
Tallaha	ssee, FL 32301	2024 APR 16 PH 1: 53 SECRETARY OF STATE TALLATIASSEELFL				
	City/State and Zip Code	—————————————————————————————————————				
га@хег	nbusiness.com					
Е	-mail address: (to be used for future annual rep	port notification)				
For fur	ther information concerning this matter, please	e call:				
Michae	l Serrano at (844 493-6249 ()				
	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 amou	int:				
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

1. Na	ame of the limited liability company:NATU	RALLY (CLEAN LLC
2. (a)	6403 28TH STREET NORTH	(b)	3 28TH STREET NORTH
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. PETERSBURG, FL 33702	ST.	PETERSBURG, FL 33702
	03/21/2024	1.2400	00139443
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KUBALA, MARY		
•	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)	
	6403 28TH STREET NORTH		<u> </u>
	Registered Office Address (ST BE FLORIDA STREET ADDRESS)		2024 APR SECRETALLA
	ST. PETERSBURG, FL	33702	
(b)		<u>-</u> .	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	336 E. College Ave. Suite 301		
	NEW Registered Office Address:		
	Tallahassee, FL	32301	
change agent v was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered off bility compan f the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	Mary Kubala		Mary Kubala
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in	ee to act in thi performance of I for in Chapto ereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or. if this document is being filed a that the limited liability company has been