

MI7000005176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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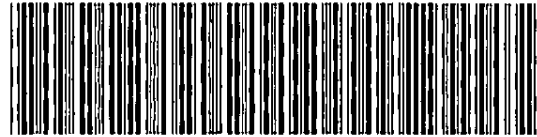
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL 0913

FILED  
MAR 1 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BH NATURALS, 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:

EILEEN M. CAPONE

Name of Person

BH NATURALS, LLC

Firm/Company

350 ROYAL PALM WAY, SUITE 501

Address

PALM BEACH, FL 33480

City/State and Zip Code

ECAPONE@INCLN.COM

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

For further information concerning this matter, please call:

EILEEN M. CAPONE

Name of Person

at ( 914 ) 282-3152

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2019 FEB 22 PM 12:49  
RECEIVED  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: BH NATURALS, LLC
2. (a) 350 ROYAL PALM WAY, SUITE 501  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
C/O INCLENBERG INVESTMENTS  
PALM BEACH, FL 33480
- (b) 350 ROYAL PALM WAY, SUITE 501  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
C/O INCLENBERG INVESTMENTS  
PALM BEACH, FL 33480

3. 06/16/2017  
Date of filing/registration in Florida
4. M17000005176  
Document number

5. (a) JONES FOSTER SERVICES, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
505 S. FLAGLER DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 1100  
WEST PALM BEACH, FL 33401

- (b) CT CORPORATION SYSTEM  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1200 SOUTH PINE ILSAND ROAD

NEW Registered Office Address:

PLANTATION, FL 33324

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.

Eileen M. Capone  
Signature of a member or authorized representative of a member

EILEEN M. CAPONE

Printed or typed name of signee

*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.*

James Halpin  
Signature of Registered Agent Assistant Secretary

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

FILING FEE: \$25.00