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## COVER LETTER

TRUE EARTH HEALTH PRODUCTS LLC	
SUBJECT: Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
JONATHAN GREENHUT	
Name of Person	
TRUE EARTH HEALTH PRODUCTS	
Firm/Company	
777 YAMATO ROAD, SUITE 111	
Address	
BOCA RATON, FL 33431	
City/State and Zip Code	
accounting@trueearthhealth.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	III 35
Jonathan Greenhut at (5) Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

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.

I. No	ame of the limited liability company: TRUE EARTH I	HEAL I		,000000	
2. (a)	PRINCIPAL ADDRESS	_	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	777 YAMATO ROAD, SUITE 111		777 YAN	MATO ROAD, SUITE 111	
	BOCA RATON, FL 33431	<u> </u>	BOCA R	ATON, FL 33431	
	06/28/2021		M210000	08107	
3.	Date of filing/registration in Florida	4.	·	Document number	
5. (a)	Jonathan Greenhut				
(-,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	nte:	
	777 Yamato Road, Suite 111				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	(SS)	_	
	Boca Raton , FI	31	3487	_	
(b)				_	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>address</u> :		
	Corporation Service Company				
	NEW Registered Office Address:			- 9 ~	
	1201 Hays Street			125	
				2025 JAN SEXLL	
	<b>7</b> 8 1 2222	20204	1	ا الله الله الله الله الله الله الله ال	
	Tallahassee, FI	32301 	l 		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li	ered office a company, it imited liabili	lorida, it is hereby confirmed that after the nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		ONATHAN G	BREENHUT		
Signa	ture of a member or authorized representative of a member	-	· · · · · · · · · · · · · · · · · · ·	Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to a perfor d for it hereby	nct in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	4h				
Signatu	re of Registered Agent				

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00