

N0200000/8/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600009607106

12/23/02--01041--003 **35.00

FILED

02 DEC 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-7

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nature's Way Out, Inc.
(Name of corporation)

DOCUMENT NUMBER: N02000001818

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samual J. Arcl
(Name of person)

Arcl, Shirley & Hartman, P.A.
(Name of firm/company)

P.O. Box 1874
(Address)

Tallahassee, FL 32302-1874
(City/state and zip code)

For further information concerning this matter, please call:

Samual J. Arcl at (850) 577-6500
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
_____ in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Nature's Way Out, Inc.
2. The principal office address: 2340 Greenleaf Road
Zolfo Springs, FL 33890
3. The mailing address (if different): P.O. Box 386
Wauchula, FL 33873
4. Date of incorporation/qualification: 3/13/2002 Document number: NO200000

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Ard, Samuel J. Mr.
820 East Park Avenue, Suite F200
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Samuel J. Ard
207 West Park Avenue, Ste. B
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Robert Ray Smith, Jr.
(Signature of an officer, chairman or vice chairman of the board)

Robert Ray Smith, Jr. Pres.
(Printed or typed name and title)

*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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Samuel J. Ard
(Signature of Registered Agent)

12-20-02
(Date)

If signing on behalf of an entity:

SAMUEL J. ARD
(Typed or Printed Name)

Registered Agent
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

02 DEC 23 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED