

P1300000 4310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

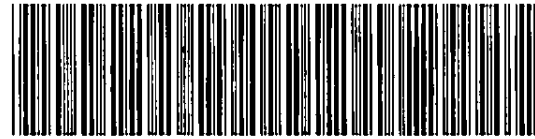
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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06/03/19--01024--018 **35.00

Special Instructions to Filing Officer:

Office Use Only

S TALLENT
JUN 18 2019

P1300000 4310

FILED
2019 JUN -3 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2019

ROBIN NOYES
BOTANICAL BLISS ORGANICS, INC.
904 PARK AVENUE UNIT 530639
WEST PALM BEACH, FL 33403

SUBJECT: BOTANICAL BLISS ORGANICS, INC.
Ref. Number: P13000004310

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE FORM PROVIDED FOR A CORPORATION. THE CHECK FOR \$25.00 IS BEING RETURNED. THE FEE TO FILE THE REGISTERED AGENT CHANGE IS \$35.00. A FEE OF \$10.00 IS STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00008902

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Botanical Bliss Organics, Inc.**

Name of Corporation

DOCUMENT NUMBER: **P13000004310**

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:

Robin E. Noyes

Name of Contact Person

Botanical Bliss Organics, Inc.

Firm/Company

904 Park Avenue, Unit 530639

Address

West Palm Beach, FL 33403

City/State and Zip Code

RobinNoyes@me.com

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

For further information concerning this matter, please call:

Robin E. Noyes

Name of Contact Person

at (**561**) **309-1422**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **Botanical Bliss Organics, Inc.**
2. The principal office address: **904 Park Avenue Unit 530639, West Palm Beach, FL 33403**
3. The mailing address (if different): _____
4. Date of incorporation/qualification: **01.11.2013** Document number: **P13000004310**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nancy Hanlon Associates, Inc.

6266 S. Congress Avenue #L5

Lantana, FL 33462

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

Fred A. Cunningham

2401 PGA Boulevard, Suite 140

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

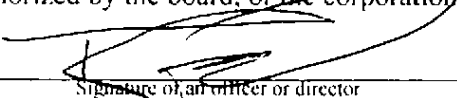
SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN -3 AM 10:00

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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.

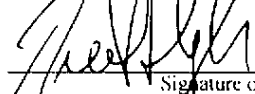


Signature of an officer or director

Robin E. Noyes, CEO

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.



Signature of Registered Agent

May 21, 2019

Date

If signing on behalf of an entity:

Fred A. Cunningham

Typed or Printed Name

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

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