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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Richs Natural Health INC.
DOCUMENT NUMBER: 46 - 36 55 205
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:
Richard M. WOOD Name of Contact Person
Richs Natural Health INC.
6755 W. Brungr & B/Vd Ste 408
Plantation Fl 3331) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rich Mame of Contact Person at (954) 802 - 7/42 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

. , 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 Florida.
O(1) $A(1)$ $1/2$ $1/2$ $1/2$ $1/2$
1. The name of the corporation: Kichs Natura teath Inc.
2. The principal office address: 6755 W. Broward Blud STE 400
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-16-13 Document number: 46-36 55205
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)
Leagl 2000
101 1/2 Brond Blud 1th FIR
Glendale A 9/203
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Richard M WOOD
6755 W. Browar I B/V 1 Ste 408
Plantation P.O. Box NOT acceptable 333/7
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 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.
12-1-14 = = 00 =
If signing on behalf of an entity: Date ORDIN OR
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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