

JUL 31 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEAF OF LIFE BOTANICALS  
Name of Corporation

DOCUMENT NUMBER: P1800009837

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:

MARTIN BRAVEK  
Name of Contact Person

LEAF OF LIFE BOTANICALS  
Firm/Company

3500 SW 186th Ct.  
Address

DUNNELLON FL 34432  
City/State and Zip Code

martin@white-buffalo.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN BRAVEK at (352) 795 4907  
Name of Contact 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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEAF OF LIFE BOTANICALS
2. The principal office address: 3500 SW 186<sup>th</sup> Ct  
DUNNELLON FL 34432
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/2018 Document number: P18000009837
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)

TIMOTHY J. CURTIS  
3033 US HWY 41, DUNNELLON 34432  
"RESIGNED"

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

MARTIN BEAVER  
3500 SW 186<sup>th</sup> Ct, DUNNELLON, FL 34432  
P.O. Box NOT acceptable

FILED  
18 JUL 27 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
Signature of an officer or director

MARTIN BEAVER  
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]  
Signature of Registered Agent

7/25/2018  
Date

If signing on behalf of an entity:

TIM CURTIS  
Typed or Printed Name

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