

P18000 013 836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

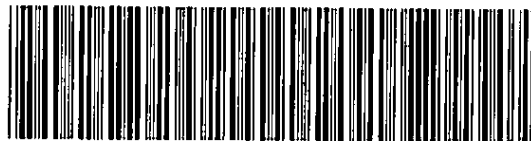
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. LEMIEUX

AUG 20 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORE NATURAL HEALTH INC

Name of Corporation

**DOCUMENT NUMBER:** P18000013836

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:

ARTURO MESQUITE

Name of Contact Person

CORE NATURAL HEALTH INC

Firm/Company

520 WEST AVENUE, APT 501

Address

MIAMI, FL 33139

City/State and Zip Code

ASKARTURO@ME.COM

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

For further information concerning this matter, please call:

ARTURO MESQUITE

Name of Contact Person

at ( 310 ) 601-0036

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2019

ARTURO MESQUITE  
520 WEST AVE APT 501  
MIAMI, FL 33139

SUBJECT: CORE NATURAL HEALTH, INC.  
Ref. Number: P18000013836

We have received your document for CORE NATURAL HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing the registered agent you must add the name in section 6.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 819A00015004

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STATE  
SEAL

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

1. The name of the corporation: CORE NATURAL HEALTH INC
2. The principal office address: 520 WEST AVENUE, APT 501, MIAMI, FL 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/09/2018 Document number: P18000013836
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)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

ARTURO MESQUITE  
520 WEST AVENUE, APT 501  
MIAMI, FL 33139

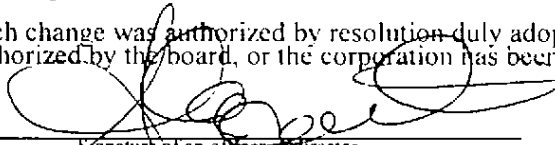
P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

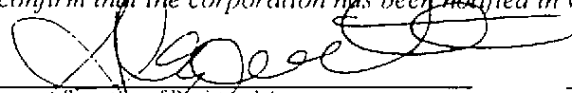
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ARTURO MESQUITE, PRESIDENT  
\_\_\_\_\_  
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

07/10/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Arturo Mesquite  
\_\_\_\_\_  
Typed or Printed Name

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