# P18000087238

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(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

#### SUBJECT: BLANCO BY NATURE INC Name of Corporation

## DOCUMENT NUMBER:

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:

John Taddeo, Esq.

Name of Contact Person

Firm/Company

24 SE 20th Street

Address

Fort Lauderdale, Florida 33316-2845

City/State and Zip Code

10hn

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

For further information concerning this matter, please call:

 John Taddeo
 at (954)800-6480

 Name of Contact Person
 Area Code & Daytime Telephone Number

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the corporation: BLANCO BY NATURE INC

2. The principal office address: 2533 S PARK RD PEMBROKE PARK, FLORIDA 33009

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/18/2018 Document number: P18000087238

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)

Ben Cohen 2533 S Park Rd Pembroke Park, Florida 33009

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

John Taddeo

24 SE 20th Street

P.O. Box\_NOT acceptable

Fort Lauderdale, Florida 33316

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.

ignature of an officer or director

nnted or timed name and title

Phereby accept the appointment as régistered 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.

	9/26/22
Signature of Registered Agent	Date
If signing on behalf of an entity;	
Tohn TADOED	
Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *
MAKE CHECK	IS PAYABLE TO FLORIDA DEPARTMENT OF STATE
	CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CD32015/01/13	