

P1900000 8562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

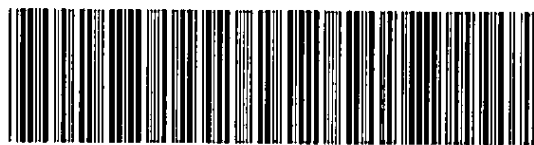
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE NATURAL COMPANY, INC
Name of Corporation

DOCUMENT NUMBER: P19000008562

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:

Julian A.T. Smith
Name of Contact Person
NEW LIFE NATURAL COMPANY,
Firm/Company
1811 NW 51ST ST APT 2687
Address
FORT LAUDERDALE FL 33309
City/State and Zip Code
JSMI1143@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julian A.T. Smith at (242) 376-3061
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW LIFE NATURAL COMPANY, INC.
2. The principal office address: 1811 NW 51ST STREET APT 2687
FORT LAUDERDALE, FL. 33309
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/30/2019 Document number: P19000008562

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)

RALPH MEDEROS

4114 NE 4TH TER

MIAMI, FL. 33126

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

JULIAN A.T. SMITH

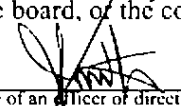
1811 NW 51ST STREET APT 2687

P.O. Box NOT acceptable

FORT LAUDERDALE FL. 33309

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

JULIAN A.T. SMITH PD

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

03/31/2019

Date

If signing on behalf of an entity:

JULIAN A.T. SMITH

Typed or Printed Name

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