

P19000051482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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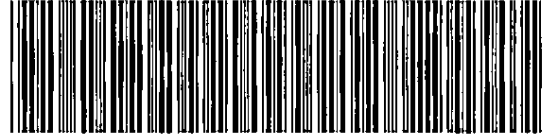
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURAL BEST CARE CORP

Name of Corporation

DOCUMENT NUMBER: P19000051482

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:

RAFAEL A REYES LOPEZ

Name of Contact Person

Firm/Company

5034 E 9 TH CT

Address

HIALEAH FL 33013

City/State and Zip Code

naturalbestcare@gmail.com

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

For further information concerning this matter, please call:

RAFAEL A REYES LOPEZ at (332) 2028192

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: NATURAL BEST CARE CORP
2. The principal office address: 5034 E 9 TH CT HIALEAH FL 33013

3. The mailing address (if different): SAME ABOVE

4. Date of incorporation/qualification: 06/17/2019 Document number: P19000051482

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)

RAFAEL REYES LOPEZ

5034 E 9 TH CT

HIALEAH FL 33013

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

RAFAEL AGUSTIN REYES LOPEZ

5034 E 9 TH CT

P.O. Box NOT acceptable

HIALEAH FL 33013

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

RAFAEL AGUSTIN REYES LOPEZ PRESIDENTE

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

07/02/2019

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314