Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000040010 3)))



H210000400183ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

**Email Address:

REGISTERED AGENT CHANGE NATUERA FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/29/21.9:20 AM

O 01/29/2021 6:24 AM

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

statement of cha	ange is submitted for a corporation o	0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of gistered agent, or both, in the State of	r
1. The name of	the corporation: NATUERA F	FLORIDA, INC.	
	TATION, FL 33324	H PINE ISLAND ROAL	<i>J</i> ,
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/19/20	Document number: P200	000014905
	d street address of the current register artment of State: (If resigned, enter res	red agent and registered office on file v signed)	with the
	C T CORPORATION	١	
	1200 SOUTH PINE	ISLAND ROAD	
	PLANTATION, FL 33	3324	-
(if changed):	Corporate Creations 801 US Highway 1 P.O. Box	NOT acceptable	2021 JAN 29 PM
	North Palm Beach, F	L 33408	
The street addr as changed will	ess of its registered office and the st I be identical.	reet address of the business office of	its registered agent.
Such change w authorized by t	as authorized by resolution duly ado he board, or the corporation has been	opted by its board of directors or by an innotified in writing of the change.	o officer so
Signati	ure of an officer or director	Jenisa Irizarry, Attor	
l furthér agrée performance of	f my duties, and I am familiar with a	it and agree to act in this capacity. statutes relative to the proper and co nd accept the obligation of my positio reflect a change in the registered offi led in writing of this change.	m as registered
_ kml		1/28/2021	
`	gnäture of Registered Agent	Date	
	ehalf of an entity:		
Jenisa Iriz	carry, Special Secretary		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name