P22000044853

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

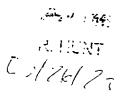
Office Use Only



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09/26/22--01023--006 ++95.00

2023 SEP 26 PH 12: LO



COVER LETTER

TO:	Amendment Section Division of Corporations		-	
SUBJ Name	ECT: Nature-Derm INC of Corporation			
DOC	UMENT NUMBER: P22000044853			
The e	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.		
Please	e return all correspondence concerning this	s matter to the following:		
Edmo	nd B Waymel			
Name	of Contact Person			
Nature	e-Derm INC			
Firm/0	Company			_
8832 1	Woodward Ave		202	DIVISION OF CONFUNATION
Addre	SSS		2023 SEP 26	200
Highla	and/IN 46322		E	ت د
City/S	state and Zip Code		26	٠,
	edwaymel@yahoo.com			22.7
E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter,	please call:	PM 12: 40	,
	nd B Waymel	ot (754 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Name of Contact Person	Area Code & Daytime Telephone N	lumber	
Enclos	sed is a \$35.00 check made payable to the	Department of State.		
	Mailing Address:	Street Address:		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, to on organized under the laws of the State of Floridq or registered agent, or both, in the State of Florida.	his 	
	the corporation: Nature-Derm IN			
2. The principal	office address: 5815 Mirror Lake	s Blvd, Boynton Beach, FL, 33472		
z. The principal	office address.			
3. The mailing a	ddress (if different): 8832 Wood	ward Ave, Highland, IN, 46322		
	poration/qualification: 06/01/202			
	i street address of the current reg tment of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)		
	Ellen Wellington			
	5815 Mirror Lakes Blvd			
	Boynton Beach, FL 33472			
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered office	2023 SEP 26 PM 12:	
	Debra Adams		SEP	
	8336 Waterline Drive, #202		26	
P.O. Box NOT acceptable				
	Boynton Beach, FL 33472		PH I2: 4	
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its register	ed agent.	
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.)	
(o)		Edmond B Waymel, President		
Signatu	c of an officer of director	Printed or typod name and title		
I further agree of my duties, an document is bei	to comply with the provisions o	agent and agree to act in this capacity. f all statutes relative to the proper and complete per t the obligation of my position as registered agent. nge in the registered office address, I hereby confirm change.	Or. if this	
		09/19/2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Debra Adams				
Т	yped or Printed Name			

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