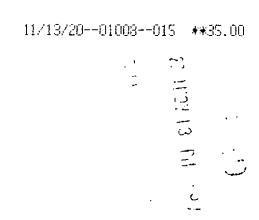
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Botanics Wholesole Inc. Name of Corporation			
DOCUMENT NUMBER: P 930000 \$820 Z			
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:			
Name of Contact Person Sotanics Wholesale; Inc. Firm/Company 31701 Sw 194 August Address Homestead Fl 33030 City/State and Zip Code E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Deborah Londrian at (305) 245-2966 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 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

33030

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: Botanics Wholesale Inc
2. The principal office address: 31701 Sw 194 avenue, Homestrad, 7
3. The mailing address (if different):
4. Date of incorporation/qualification: 12 28/93 Document number: P93000 8820 2
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)
Elliott Borkson PA
1313 South Andrews Avenue
7 1 Sanderdale, F1 33316
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael D. Tevelonis
19790 SW 280 Street
P.O. Box NOT acceptable
Homestead, F1 33031
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
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. Thereby confirm that the corporation has been notified in writing of this change.
Mill D Tevela Signature of Registered Agent 11/6 20 Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FFF: \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)