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To:

Division of Corporations Fax Number : (850)617-5380

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From:

Account Name : REGISTERED AGENTS INC. Account Number : 128090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

> \*\*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 NATURAL ART LANDSCAPE & DESIGN, INC.

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## To: 18506176380

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

1. The name of the corporation: Matural Art Landscape & Design, Inc.

2. The principal office address:

The mailing address (if different):

4. Date of incorporation/qualification: 06/07/99 Document number: P99000050911

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)

Meade, Jasmine Ann

5360 SW 64TH AVE

Davie, FL 33314

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box: NOT acceptable

St. Petersburg FL 33702

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.

1.18212 Signature of an officer or director

Jasmine Meade - Secretary
Printed or Typed name and little

Date

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.

Dain's Press

04/04/2024

Signature of Registered Agent

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If signing on behalf of an entity:

David Roberts

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)