

Requestor's Name

City/State/Zip

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-07/26/99--01087--001

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait ☐ Photocopy

 Certificate of Service

NEW FILINGS

AMENDMENTS

OTHER FILINGS

REGISTRATION/ QUALIFICATION

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99 JUL 26 PM 2:57

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208 RACH ON
7-26-99

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: United Nature Products Inc.

2. The mailing address of the corporation is: 445 Plaza Real
Boca Raton, FL 33432

3. Date of incorporation/qualification: June 11, 1999 Document number: P99000053731

4. The name and address of the current registered agent and office:

Guido Baechler

445 Plaza Real

Boca Raton, FL 33432

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Guido Baechler

1426-B Skees Rd.

West Palm Beach, FL 33411

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

7/20/99
(Date)

G. Baechler / VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

7/20/99
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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99 JUL 26 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA