V10029

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TO: Amendment Section **Division of Corporations**

_{subject:}<u>Natu</u>re's Keeper Inc.

Name of Corporation

V10029 DOCUMENT NUMBER:

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:

Krysten Bieger	
Name of Contact Person	—
Nature's Keeper Inc.	
Firm/Company	
302 S. Brocksmith Road	
Address	
Fort Pierce, FL 34945	
City/State and Zip Code	
Krysten@natures-keeper.com	
E-mail address: (to be used for future annual report notification	n)

For further information concerning this matter, please call:

Krysten Bieger

Name of Contact Person

at (772) 467-1230 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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, 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: Nature's Keeper Inc.

2. The principal office address: 302 S. Brocksmith Road

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 1/27/92 Document number: V10029
- 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)

Krysten Bieger 3795 Sneed Road

Fort Pierce, FL 34945

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

a).			7	8	
Krysten Bieger				PH	
302 S. Brocksmit	h Road		: 	ង ភូមិ	•
	P.O. Box_NOT acceptable	<u>.</u>		50	
Fort Pierce, FL 3	4945				

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

Krysten Bieger President

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 duites, 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.

Signature of Registered Agent

9/18/19

Date

If signing on behalf of an entity:

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 (03/12)