#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: MARCINA WILLIAMS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

WILLIAMS, MARCINA 599 HOLYOKE CT С TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

# Officer/Director Detail ·

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	WILLIAMS, MARCINA	Name	BUTLER, MIA
Address	599 HOLYOKE CT C	Address	599 HOLYOKE CT C
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000040034

Entity Name: THE NATURAL EXPERIENCE INC.

# **Current Principal Place of Business:**

599 HOLYOKE CT С TALLAHASSEE, FL 32301

### **Current Mailing Address:**

599 HOLYOKE CT С TALLAHASSEE, FL 32301 US

#### FEI Number: 82-5365200

# Name and Address of Current Registered Agent:

#### FILED Apr 30, 2019 Secretary of State 1402154105CC

Date

04/30/2019