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 PRIDE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/03/2024

Certificate of Status Desired: No

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: MARCINA PRIDE

	5 5 5		
Officer/Director Detail :			
Title	P	Title	VP
Name	PRIDE, MARCINA	Name	BUTLER, MIA
Address	314 REHWINKLE DR. A	Address	1112 S MAGNOLIA DR. Q-105
City-State-Zip:	TALLAHASSEE FL 32305	City-State-Zip:	TALLAHASSEE FL 32301

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000040034

Entity Name: THE NATURAL EXPERIENCE INC.

Current Principal Place of Business:

113 SOUTH MONROE STREET FIRST FLOOR TALLAHASSEE, FL 32301

Current Mailing Address:

113 SOUTH MONROE ST TALLAHASSEE, FL 32301 US

FEI Number: 82-5365200

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PRIDE, MARCINA 314 REHWINKLE DR. A TALLAHASSEE, FL 32305 US

FILED Apr 03, 2024 Secretary of State 6138296988CC

04/03/2024 Date

Date