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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** ည်း Email Address:_

LLC REGISTERED AGENT CHANGE LASHED BY TANNIA LLC

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MAR 2 1 2023 T. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: LASHED BY	TANNIA	LLC	•	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300	_ (b)	N.	lading address of limited (Note: MAY BE POST	liability company:
	St. Petersburg, FL 33702	-		rsburg, FL 33702	
	08/08/2022	_	L2200034	47089	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Northwest Registered Agent LLC				
	Registered Agent and Registered Office shown on the records of th	ie Florida I	Dept. of State:		
	3251 Hollywood Blvd				
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		Ti.	202.
	146				2023
	HOLLYWOOD , FL	33021			0.5
(b)	Northwest Registered Agent LLC		· · · · · · · · · · · · · · · · · · ·		20 MH 11: 33
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	<u>ress</u> :		で - こここの
	7901 4th St N				(3
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FLS	33702			
the cha agent v was/wi	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	he regist pility cor the limit imited lia	ered office apany, it is ed liability	and the business off hereby confirmed th company or as other	ice of the registered at the change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d'in writing of this change.	e to act i erforma for in Cl creby cor	n this capad ace of my di apter 605, afirm that th	city. I further agree uties, and I am famil F.S. Or, if this docu ne limited liability co	to comply with the liar with and accept ment is being filed impany has been
Xignatu	Taylor Newman - Assistant Secretary				