## 123000101332

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
u						
	<b>1</b> .	٠, ١, ١				
1 Umills						

Office Use Only



300425086373

919461 -01011 IN \*\*\*...

## **COVER LETTER**

SUBJECT:		
N	ame of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
Roberto de Oliveira		
Name of Person		<del></del>
2 Girls United LLC		
Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del></del>
19253 Old Spanish Rd		
Address		
Tampa/FL - 33647		
Tampa/FL - 33647  City/State and Zip Code	;	
City/State and Zip Code	;	
		<u></u> <u>īca</u> tion)
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a	nnual report notif	ication)
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a For further information concerning this matter.)	nnual report notif er, please call: 813	<u>Teation</u> ) 8094803
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a  For further information concerning this matte	nnual report notif	8094803 )
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a For further information concerning this matte Roberto Oliveira  Name of Person  Mailing Address: Registration Section	nnual report notif er, please call: 813	8094803 ) Area Code & Daytime Telephone Numb  Street Address: Registration Section
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a  For further information concerning this matte Roberto Oliveira  Name of Person  Mailing Address:	nnual report notif er, please call: 813	8094803  Area Code & Daytime Telephone Number  Street Address:
City/State and Zip Code robolix@gmail.com  E-mail address: (to be used for future a For further information concerning this matte Roberto Oliveira  Name of Person  Mailing Address: Registration Section Division of Corporations P.O. Box 6327	er, please call:  813 at (	8094803 ) Area Code & Daytime Telephone Number  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

INHS18 (2/14)

## 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.

Same of the limited liability company: 2Girls	s United LLC				
1150 NW 72ND AVE TOWER 1 STE 455 #95	540	(b) 1150 NW 72ND AVE TOWER I STE 455 #9540		TOWER I STE 455 #9540	
Principal office address of limited liability of (Note: MUST BE STREET ADDRE	•	• • •		_	ss of limited liability company:  Y BE POST OFFICE BOX)
MIAMI, FL. US 3312		-	ML	AMI, FL. US 3312	
		-		· · · · · · · · · · · · · · · · · · ·	
Feb. 27, 2023			L2300	00101332	
Date of filing/registration in Flori	da	4.		Document	number
REPUBLIC REGISTERED AGENT LLC					
Registered Agent and Registered Office shown on t	the records of the	Florid	a Dept.	of State:	
1150 NW 72ND AVE TOWER 1 STE 455					
Registered Office Address (MUST BE FLORIDA STREET)		DRES.	<u>27</u>		
					. <del></del> .
MIAMI	, FL	3126		<del></del>	4
Roberto de Oliveira  Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> 19253 Old Spanish Rd, Tampa/FL - 33647	W Registered O	ffice ac	ldress:		3
NEW Registered Office Address:	<u> </u>				
19253 Old Spanish Rd					
Tampa	FL	3647			
limited liability company is not organized uge or changes are made, the Florida street add will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the ticles of organization or the operating agrees mature of a member or authorized representative of a member of a member of authorized representative of a member of authorized repres	dress of the re la limited liabi members of t ment of the lin	gister ility co the lin nited	ed offi impan nited li liabilit	ice and the busine y, it is hereby con iability company y company company	ess office of the registered infirmed that the change(s)
reby accept the appointment as registered ag sions of all statutes relative to the proper an bligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ent and agree d complete pe as provided fo address, I her	to act erform or in ( reby co	in thi ance o Chapte onfirm	is capacity. I furt of my duties, and er 605, F.S. Or, i i that the limited i	her agree to comply with the I am familiar with and accep f this document is being filed iability company has been

Signature of Registered Agent