DOCUMENT# L19000146213 Entity Name: NATURE'S NUBIAN TOUCH LIMITED LIABILITY COMPANY			May 12, 20 NY Secretary of 315979801
	-		313979001
00.0.000.000			
Current Mail	ling Address:		
FEI Number: 84-2394402 Certificate of Status Desired			
Name and Address of Current Registered Agent:			
801 SW 83RD A	VE		
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		
Authorized I	Person(s) Detail :		
Title	MGR	Title	MANAGER
Name	HAWKINS, KAREN	Name	HAWKINS, CEDRIC JEROME
Address	801 SW 83RD AVE	Address	801 SW 83RD AVE
City-State-Zip:	NORTH LAUDERDALE FL 33068	City-State-Zip:	NORTH LAUDERDALE FL 33068
	Entity Name Current Prin 801 SW 83RD A NORTH LAUDE Current Mail 801 SW 83R NORTH LAUDE FEI Number Name and A HAWKINS, KAR 801 SW 83RD A NORTH LAUDE The above named SIGNATURE Authorized I Title Name Address	Entity Name: NATURE'S NUBIAN TOUCH LIMITED LIABIN Current Principal Place of Business: 801 SW 83RD AVE NORTH LAUDERDALE, FL 33068 Current Mailing Address: 801 SW 83RD AVE NORTH LAUDERDALE, FL 33068 US FEI Number: 84-2394402 Name and Address of Current Registered Agent: HAWKINS, KAREN J 801 SW 83RD AVE NORTH LAUDERDALE, FL 33068 US The above named entity submits this statement for the purpose of changing its regist SIGNATURE: Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MGR Name HAWKINS, KAREN	Entity Name: NATURE'S NUBIAN TOUCH LIMITED LIABILITY COMPAN   Current Principal Place of Business:   801 SW 83RD AVE   NORTH LAUDERDALE, FL 33068   Current Mailing Address:   801 SW 83RD AVE   NORTH LAUDERDALE, FL 33068 US   FEI Number: 84-2394402   Name and Address of Current Registered Agent:   HAWKINS, KAREN J   801 SW 83RD AVE   NORTH LAUDERDALE, FL 33068 US   FEI Number: 84-2394402   Name and Address of Current Registered Agent:   HAWKINS, KAREN J   801 SW 83RD AVE   NORTH LAUDERDALE, FL 33068 US   The above named entity submits this statement for the purpose of changing its registered office or registered Agent   Italian   Electronic Signature of Registered Agent   Authorized Person(s) Detail :   Title MGR   Name HAWKINS, KAREN   Name Address

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN HAWKINS

MANAGER

05/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED May 12, 2021 ecretary of State 3159798013CC

atus Desired: Yes

Date

Date