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(R	equestor's Name)
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(B	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 170093 8183052
AUTHORIZATION :
COST LIMIT : \$/25.00 Na.
ORDER DATE : December 5, 2023
ORDER TIME : 2:41 PM
ORDER NO. : 170093-012
CUSTOMER NO: 8183052
CHANGE OF AGENT
NAME AND DEPOSIT DESCRIPTIONS OF THE
NAME: ALL FEMCARE PROFESSIONALS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
YY LIVIN PIWARED COLI
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

## STATÉMENT 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.

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