

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000112188 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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. **

| 1 | Ēm | 2 | i | ١ | Δ | ч | А | * | Δ | c | c | |
|-----|----|---|---|---|---|---|---|---|---|---|---|--|
| . 1 | | đ | 1 | 1 | м | ш | u | 1 | c | 3 | 3 | |

LLC REGISTERED AGENT CHANGE BRANDS LAB INTERNATIONAL, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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

| Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | | Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) | | | | | | |
|---|---------------------|-----------------|---|--------------|---|-----|-------------|-------|--|
| 7901 4th St N STE 3 | 300 | | 7901 | 4th St N S | TE 30 | 0 | | | |
| St. Petersburg FL 33 | 3702 | | St. Pe | etersburg FL | 33702 | | | н- | |
| 08/22/14 | | | L140 | 0013207 | 77 | | | | |
| Date of filing/registr | ation in Florida | 4. | | Document i | number | | | | |
| FERNANDEZ FERRAN | AND ASSOCIATE | S, LLC | | | | | | | |
| Registered Office Address (MU) | | T ADDRES | <u></u> | | | | | | |
| 7900 SW 57TH AVE ST | | T ADDRES | <u>(S)</u> | | | | | | |
| 7900 SW 57TH AVE ST SOUTH MIAMI | E 15 | | | | | | 707 | | |
| 7900 SW 57TH AVE ST SOUTH MIAMI Registered Ager | e 15 nts Inc | п <u>. 3314</u> | 3-5545 | | <u>-</u> | • 1 | 2023 F1 | | |
| 7900 SW 57TH AVE ST SOUTH MIAMI | e 15 nts Inc | п <u>. 3314</u> | 3-5545 | | .· | | 2023 FEB 24 | | |
| 7900 SW 57TH AVE ST SOUTH MIAMI Registered Ager Enter name of NEW Registered Ag | e 15 nts Inc | п <u>. 3314</u> | 3-5545 | | . · · · · · · · · · · · · · · · · · · · | | 24 PM | 11000 | |
| 7900 SW 57TH AVE ST SOUTH MIAMI Registered Ager Enter name of NEW Registered Ag 7901 4th St N | e 15 nts Inc | п <u>. 3314</u> | 3-5545 | | | | 24 | 77000 | |

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member ROBIN JONES Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

1