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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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| -ma  | ٦. |   | Address: |  |
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## LLC REGISTERED AGENT CHANGE FREESTYLE HAIR STUDIO, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
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To: -18506176383 Page: 2/2 Fax: 18134365 Jul 28, 2025 08:15

## 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

| (a) |  |          | (b)  |                       |  |  |
|-----|--|----------|--|-----------------------|--|--|
|     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)          |          | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |                       |  |  |
|     | 7901 4th St N STE 300  |          | 7901 4th St  | N STE 300             |  |  |
|     | St. Petersburg FL 33702  |          | St. Petersbi   | urg FL 33702          |  |  |
|     | 08/21/15   |          | L1500014342  | 29                    |  |  |
|     | Date of filing/registration in Florida   | 4.       |  | Document number       |  |  |
| (a) | UNITED STATES CORPORATION AGENTS, INC.   |          |  |                       |  |  |
| (4) | Registered Agent and Registered Office shown on the records of                                 | the Flor | rida Dept. of State  | :                     |  |  |
|     | 476 RIVERSIDE AVE.   |          |  |                       |  |  |
|     | Registered Office Address (MUST BE FLORIDA STREET  | ADDRE    | :SS)   | •                     |  |  |
|     |  |          |  |                       |  |  |
|     | JACKSONVILLE , I'I   | 32202    |  | 2025 JI               |  |  |
| (b) | JACKSONVILLE , IT  | 32202    |  | 2025 JUL 28           |  |  |
| (b) |  |          |  | 2025 JUL 28 P         |  |  |
| (b) | Registered Agents Inc  |          |  |                       |  |  |
| (b) | Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered                |          |  | 2025 JUL 28 PH 12: 36 |  |  |
| (b) | Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N |          |  |                       |  |  |

Robin Jones Signature of a member of authorized representative of a member 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