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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (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. **

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LLC REGISTERED AGENT CHANGE LUSCIOUS LLC

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K. SALY NOV 17 2017

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.

1. Na	me of the limited liability company: Lusciou	s LLC
	75 N Woodward Ave #80424	(b) 75 N. Woodward Ave #80424
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tallahassee, FL 32313	Tallahassee, FL 32313
3. 5. (a)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered.	FL 33607 FL 33607
	3030 N. Rocky Point Dr. NEW Registered Office Address.	
	STE 150A	
	Tampa	FL 33607
the cha agent was/w the art	inge or changes are made, the Florida street address	Riley Park
		Printed or typed name of signee
provix the ob- to mer notific	ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change. Bill Havre - Assist	agree to act in this capacity. I further agree to comply with the etc performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed i, I hereby confirm that the limited liability company has been tank Secretary
Signati	ite of Registered Agent	