L1600180025

(Red	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400399781234

1.1 126 6.1.6-608 **25.01

A. RIVERS MAR 1 4 2023



COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: Covet Beauty LL C	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
David Mattice- Name of Person	_
Covet Beauty LLC Firm/Company	
2123 Camden Ave Address	
Jacksonville, FL 32207 City/State and Zip Code	_
hydrabotanica@gmail. Com E-mail address: (to be used for future annual report notifie	ration)
For further information concerning this matter, please call:	
David Mattill at 904 Name of Person	, 566 - 664 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
½ \$25 Filing Fee □ \$55	5 Filing Fee & Certified Copy

INH\$18 (2/14)

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. Name of the limited liability company:	et Beauty LLC
2. (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)
2123 Camden Ave	P.O. Box 5988
Jackganville, FL 32207	Jacksonville, FL 32247
12/27/2022	L16000180025
3. Date of filing/registration in Florida	4. Document number
5. (a) Mattice, David Registered Agent and Registered Office shown on the records of 2123 Camber Ave Registered Office Address <u>MUST BE FLORIDA STREET</u>	
Jacksonville FI (b) Le John Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
4911 IVW 55 th St <u>NEW</u> Registered Office Address:	
Coconut Creek FI	·) ·) / / / /
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member. Thereby accept the appointment as registered agent and agreement and agreement are registered agent and agreement as registered agent and agreement.	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

notified in writing of this change.

Signature of Registered Agent