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**Division of Corporations** 

Fax Number : (850)617-6383

## From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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## LLC REGISTERED AGENT CHANGE THE LASH NOOK, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant touche 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.

riona 1. 8		ash Nook, LL	_C		
2. (a)	140 CIPCLE DRIVE	(b) 140 (	CIRCLE DRIVE		
2. (d)	Principal office address of limited liability compan ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	SUITE 4	SUIT	SUITE 4		
	MAITLAND, FL 32751	MAITL	MAITLAND, FL 32751		
	11/30/2017	L1700	0245976		
3.	Date of filing/registration in Florida	4.	Document number		
	LINITED STATES CORPORATION AG	ENTS. INC.			
5. (a	Registered Agent and Registered Office shown on the reco		<del></del> State:		
	13302 WINDING OAK COURT,				
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	<del></del>		
	SUITE A				
	TAMPA	<sub>.FL</sub> 33612	_ OEC		
(b)	Northwest Registered Age	2			
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300		<u> </u>		
	St. Petersburg	33702			
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under thange or changes are made, the Florida street addressed by the case of a Florida limit vere authorized by an affirmative vote of the memuticles of organization or the operating agreement of a member or authorized representative of a member	ress of the registered of ited liability company, thers of the limited liab of the limited liability of	it is hereby confirmed that the change(s) illity company or as otherwise provided in company.		
I her provi:	eby accept the appointment as registered agent ar sions of all statutes relative to the proper and con bligations of my position as registered agent as pr rely reflect a change in the registered office addr	nd agree to act in this c aplete performance of t	ny aunes, ana 1 am jaminar wun ana accept ars - r e - con 15 dels 15 mm mi le beloe filed		

Glover - Assistant Secretary

Signature of Registered Agent