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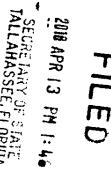
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Nuddi Hair Products LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Arnoude Louis Exantus Name of Person
Muddi Hair Products UC Firm/Company
890 NW 35 HAUE
LauderHill Fl 33311 City/State and Zip Code
Wilditail Products & Gmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arnoude Louis Exonfus at (561) 305 1331 (786) 781 5814  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Tuttunussee, Tivituu SESVI

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

3 f + 1	
1. Name of the limited liability company: Nuddi Hair Products LLC	
2. (a) 890 NW35 AVR (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)	:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Laude (Hill PL 3331)	<del></del>
12-89-17  Date of filing/registration in Florida  4. Document number	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Arnoude Lauis Exantus	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	η
890 NW 35 AVE	1
Lauder Hill , FL FZ 33311	η
(b)	フ
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
CHris noude Love Louis  NEW Registered Office Address:	
890 NW 35th Ave	
LauderHill ,FL 33311	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered.	er stored
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s	s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization of the operating agreement of the limited liability company.	. ın
Hrnoude Louis Exante	45
Signature of a member or authorized representative of a member Printed or typed name of signce  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with	h the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.	ccept filed en
Signature of Registered Agent	