Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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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## LLC REGISTERED AGENT CHANGE FEMININE ASCENDANCE LLC

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1/29/2024 07.12,49 PST To 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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. N	ame of the limited liability company: Ferninine Ascenda	ince LLC	
2. (a)		ıbı	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	01/11/18	L18	8000010423
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MEEHLE, SUZANNE D, ESQ		
·	Registered Agent and Registered Office shown on the records of t	he Florida De	rept, of State:
	Registered Office Address <u>IMUST BE FLORIDA STREET A</u> 1215 E CONCORD STREET	(DDRESS)	2024 JAN 29 SECIRLIÁNA TALLAHA
	ORLANDO	32803	JAN 29
(b)	Northwest Registered Agent LLC		SSC ME
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office addres	
	NEW Registered Office Address:	<u> </u>	
	STE 300		
	St. Petersburg . FL	33702	
the cha agent v was/we the art	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization of the operating agreement of the law	the register bility comp f the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to merc notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	performanc I för in Cha ereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
سما/ س	Taylor Newman - Assistant Se	cretary	

Signature of Registered Agent