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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **



mail	Address:	 	 	

LLC REGISTERED AGENT CHANGE MEN INTERNATIONAL LLC

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K. SALY MAY - 7 2025

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COVER LETTER .

	Registration Section Division of Corporations					
SUBJEC	MEN INTERNATIONAL LLC					
	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.			
Please ret	turn all correspondence concernir	ng this matter to the	e following:			
Alicia Ric	hards					
	Name of Person		 '			
Registered	d Agent Solutions, Inc.					
	Firm/Company					
Corporate	Center One, 5301 Southwest Pkwy.	Ste 400				
	Address					
Austin, T	X 78735					
	City/State and Zip Co	de				
E-m	ail address: (to be used for future	annual report noti	ification)			
For furthe	er information concerning this ma	itter, please call;				
Alicia Ric	hards	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	lailing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follow	ving amount:				
	\$25 Filing Fee	- 9	\$55 Filing Fee & Certified Copy			
INHS18 (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.

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:
		(Note: MAY BE POST OFFICE BOX)
#410	Apt. 4	10
MIAMI, FL 33131	MIAN	41, FL 33131
5/30/2018	L18000	134014
Date of filing/registration in Florida NAHUZ, MARIA B	4.	Document number
Registered Agent and Registered Office shown on the records of 999 BRICKELL AVE	State:	
Registered Office Address (MUST BE FLORIDA STREET) #410	2021 TAI	
MIAMI , FL	33131	- CRECATE
Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	2025 HAY -6 PH SECRETARY 9: 5
2894 Remington Green Ln.		PM 3: 00
NEW Registered Office Address:		
Ste. A		
Tallahassee , FI	_32308	
limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members coicles of organization or the operating agreement of the	registered office ability company, of the limited liab	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
George Sleeman	George Sleet	· · · · · · · · · · · · · · · · · · ·
nure of a member or authorized representative of a member		Printed or typed name of signee

Mackenzie Hibler, Asst. Secretary