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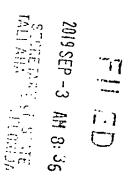
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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COVER LETTER

Policy Registration Section Division of Corporations						
Lady Blush Skin and Beauty LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.					
Please return all correspondence co	oncerning this matter to the following:					
Diana Stanis						
Name of P	erson					
Firm/Com	Dany					
	,—···)					
16010 Starglazer PL						
Address						
Bonita Springs FL 34135						
City/State and	Zip Code					
dstanis08@gmail.com						
E-mail address: (to be used for	or future annual report notification)					
For further information concerning	this matter, please call:					
Diana Stanis	239 227-1155					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Cle Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	S55 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.

1.	Name of the limited liability company: Lady Blush S	Skin and Beau	ty LLC	
2. (a	16010 Starglazer PL	(b) 16010 Starglazer PL		
2. (0	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Bonita Springs FL 34135	Boni	ta Springs FL 34135	
	8/13/18	L1800	00192943	
3.	Date of filing/registration in Florida	4.	Document number	
5. (united States Corporation Agents, INC			
(Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	5575 S Semoran Blvd Suite 360	201 17:1		
	Orlando, FI	L ³²⁸²²	2019 SEP	
(t	Diana Stanis		ω	
	Enter name of NEW Registered Agent and/or NEW Registered			
	Diana Stanis		8 36 26 8 36	
	NEW Registered Office Address:			
	16010 Starglazer PL			
	Bonita Springs, F	L34135		
the c agen was/ the a // Sig // her provi the o	timited liability company is not organized under the la hange or changes are made, the Florida street address of twilf be identical. Or in the case of a Florida limited I were authorized by an affirmative vote of the members ricles of organization or the operating agreement of the hature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete highligations of my position as registered agent as provide the reflect a change in the registered office address.	of the registered of the limited liability company of the limited liability Diana Sta	office and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. Printed or typed name of signee	
A	ture of Registered Agent			

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