419000049328

	. 6						
	(Requestor's Name)						
	(Address)						
	(Address)						
 	(City/State/Zip/Phone	<u>e</u> #)					
	(5.7, 5.6, 6.7, 2.7)	,					
PICK-UP	☐ WAIT	MAIL					
	(Business Entity Nan	ne)					
	(Document Number)						
Certified Copies	Cartificat	es of Status					
Certificates of Status							
Special Instructions to	Filing Officer:						

Office Use Only

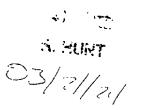


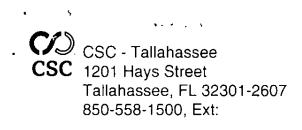
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757 E. P.Z. AH ID: 29

RECEIVED

2024 MAR | | AM | | 30





To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 03/21/24 Order #: 1453421-1 Re: NAPLES WAX, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$25.120000000195

AUTHORNOO

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. Na	nme of the limited liability company: NAPLES WAX,	, LLC					
2. (a)			b)				
-, (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1810 W KENNEDY BLVD. TAMPA, FL 33606		1810 W	KENNEDY	BLVD. T	TAMP/	A, FL 33606
	• .						
	02/19/2019		L1900004	9328			
3.	Date of filing/registration in Florida	— 4.		Documer	nt numbe	r	-
- /\	- 0						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept, of Sta	 nte:			
	GUSTAFSON, KENDRA		•				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>-</u>	_			
	1810 W KENNEDY BLVD.	_					
	TAMPA . FI	. 33606		_	~ ⁻		
		·		_			.·.
(b)	Para and SMRW Book and All All All All All All All All All Al			_	(S) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	M 10: 29	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	iaress;		TA		
	Corporation Service Company				, E	ف	
	NEW Registered Office Address:			_			•
	1201 Hays Street		_ <u>-</u>				
	Tallahassee	, 32301					
	, H	l					
change agent v was/wo	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registere lability co of the lim	ed office ar ompany, it i nited liabili	nd the busin is hereby co ty company	ness offic onfirmed	e of the	ne registered he change(s)
	Cara Soffer	Car	a Soffer				
Signat	ture of a member or authorized representative of a member			Printed or	typed name	c of sign	nec
provisi the obl to mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I in writing of this change.	ree to act performed for in C hereby co	in this cap ance of my Chapter 60, onfirm that	pacity. I fu duties, and 5, F.S. Or, the limited	rther agr d I am fai if this do l liability	ree to c miliar ocume comp	comply with the with and accept on is being filed any has been
Signatur	re of Registered Agent						
- uguatu	to or registered regent						