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COVER LETTER

TO:	Registration Section Division of Corporations	<i>:</i>	
SUBJ		mited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
	SAVALAS William Name of Person	2.5	
_	Ladiestitcamp LLC Firm/Company		2019 SE
_68	76 SW 15th Street Address	·	FILET MAR 26 CRETAGE
	brth Lauderdale FL City/State and Zip Code	<u> 1330</u> 68	PM 12: 16
	tyand salwilliams Dout	look, com ort notification)	
For fu	rther information concerning this matter, please	call:	
Sav	alas Williams au	954 226 - 7034	
	Name of Person	Area Code & Daytime Telephone	: Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following amoun	nț:	
	■ \$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.

Florida		•	erea agem, m m	.,,,	me bruie og
1. Na	me of the limited liability company: Ladies fitc	amo	LLC		
2. (a)	6876 SW 15th Street (b)	6876_	SW 15th	<u> </u>	Freet
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ng address of limited li ote: MAY BE POST (-	
	North Lauderdale, N	lorth	Lander	dal	£,
	FLorida 33068 F	ELorido	330	68	<u></u>
	3/14/19 L	1900	0007220	53	
3.	Date of filing/registration in Florida 4.		cument number	T	
5. (a)	UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of the Florida Dept 13302 WINDING OAK COURT A	INC (, of State:			
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TAMPA ,FL 336/ SAVALAS IA/III/AMS Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: North Lauderdalf		SECRETARY OF STATE	2019 MAR 26 PM 12: 16	APPROVED AND FILED
the cha agent w was/we the artic	.FL_3306 mited liability company is not organized under the laws of the Statenge or changes are made, the Florida street address of the registered libe identical. Or, in the case of a Florida limited liability companies authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liability.	e of Florida d office and my, it is her liability con lity compan	I the business office by confirmed that mpany or as othery	e of the c t the c vise p	he registered thange(s) rovided in
I hereb provision the obli to mere	by accept the appointment as registered agent and agree to act in the constant of summers of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chap by reflect a change in the registered office address. I hereby confirmation of this change.	his canazity	. I furthar agraza t	- 21. (2011)	nly with the

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