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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

## LLC REGISTERED AGENT CHANGE **ELEGANCE OF BEAUTY COLLECTION LLC**

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$25.00

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## 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.

	f the limited liability company: eleganice			collection			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	(b)				
		<del>-</del>					
07/2	24/19		_1900	0190089			
3.	Date of filing/registration in Florida	4,		Document numb	er		
5. (a) LEC	GALINC CORPORATE SERVICE	S INC.					
	tered Agent and Registered Office shown on the records o	f the Florida l	Dept. of State	- ::			
523	37 SUMMERLIN COMMONS						
Regis	stered Office Address (MUST BE FLORIDA STREET	ADDRESS)		•			
SU	ITE 400						
FO	RT MYERS	33907		•		2022	
(b) Re	gistered Agents Inc.					2022 APR 2 I	ATT FIN
Enter	name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		***	70	<u> </u>
79	01 4th St N					PM I:	FU
NEW	Registered Office Address:			•		56	
ST	E 300						
St	. Petersburg	_33702					
the change of agent will be was/were aut	I liability company is not organized under the law changes are made, the Florida street address of identical. Or, in the case of a Florida limited I thorized by an affirmative vote of the members of organization or the operating agreement of the	f the regist iability cor of the limi	ered office npany, it is ted liability	c and the business s hereby confirm y company or as o	office ed that t	of the the ch	registered ange(s)
	2: Lun Park	Rile	y Park				*****
Signature of a member or authorized representative of a member				Printed or typed nar	me of sig	nee	
I hereby acc provisions of the obligation to merely ref	a member or authorized representative of a member sept the appointment as registered agent and ag f all statutes relative to the proper and complete ons of my position as registered agent as provid flect a change in the registered office address, l riting of this change.	e nerforma	nce at my i	duties, and Lam f	gree to amiliar	compl with	ana acci

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent