Note: Please print this page and use it as a cover sheet. Type the fax audi number (shown below) on the top and bottom of all pages of the document.

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		Division of Cor	porations
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	<b>沒有</b> 是	Account Name	; FILE RIGHT LLC
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## LLC REGISTERED AGENT CHANGE HIDDEN GEM LIFE SOLUTIONS FL LLC

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\$25,00

M. SOLOMON

FEB - 1 2024

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COVER LETTER

H240000388473

Registration Section TO: Division of Corporations

SUBJECT: HIDDEN GEM LIFE SOLUTIONS FL LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Fuchs	
Name of Person	
File Right RA Services, LLC	
Firm/Company	
1425 37th Street, Suite 201	
Address	
Brooklyn, NY 11218	
City/State and Zip Code	<del></del>
agent@fileacorp.com	<del></del>
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	ise call:
Sara Ringel	718 878-5811
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

H240000388473

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

INHS18 (2/14)

H240000388473

## 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.

2. (a) 4000 HOLLYWOOD BLYD STE 745-S	(b)	Mailing address of limited liability con-		
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
HOLLVWOOD, FL 33021				
3. 11/26/2019	_	L19000280959		
Date of filing/registration in Florida	4.	Document number		
5. (a) Business Filing Incorporated				
Registered Agent and Registered Office shown on the records of	of the Florida De	of, of State;		
1200 South Pine Island Rd, Plantation, FL 33326			<u>~</u> 2	
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS		2024 JAN	
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(b) File Right RA Services, LLC  Enter name of NEW Registered Agent and/or NEW Register	vil Office addite		ر بو ر	
Enter name of NEW Repistered Avent and in Mary 1885			, <del>1</del> 5	
COS D.T. down Street Cir. 110				
625 E Twiggs Street, Stc. 110  NEW Registered Office Address:	<del></del>			
NEM REGISITES STREET, ASSESSED				
Tampa F1 33602				
1 (111) 01.1 12. 22. 22. 2			or often the	
If the limited liability company is not organized under the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of	l liability com	pany, it is hereby confirmed that the ched liability company or as otherwise pr	nanec(s)	
/s/ Mark Puchs	Mark	Mark Fuchs, Authorized Ferson		
i de contains of a member		Printed or typed name of signee		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compl the obligations of my position as registered agent as prov to merely reflect a change in the registered office address notified in writing of this change.	agree to act i ete performar Ided for in Ch i, I hereby cor	n this capacity. I further agree to comp ice of my dutles, and I am familiar with apter 605, F.S. Or, if this document is firm that the limited liability company	oly with the and accept being filed has been	
/s/ Mark Puchs		H240000388473		
Signature of Registered Agent		_		