L70000006881

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u> </u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
[
Special Instructions to Filing Officer:		
}		

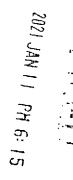
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMI aya'S ESSENHOUS LL Name of Limited Li	ability 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 f	following:
ANIaya Donald Son Name of Person	<u> </u>
ANICYAS ESSENTIALS ILC Firm/Company	
4555 Juniper Grand 1000 901203 Address	
Casselbern Florida 32707 City/State and Zip Code	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
A Maya Donaldson at (403 Name of Person) 346 · 5148 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 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$5	5 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: Allaya's	Essentials uc	
2. (a) 4555 JUNIPRY CAYCHY 1(30) Apt 263 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 4555 JUNIPER Grand 1000 apt 203 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
casselberry, FC 32707	casselberry, N 32707	
		
		
December 30, 2019	L2000000 6881	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Chayenve MUSCLLY, U.S. COKP. Ac Registered Agent and Registered Office shown on the records of the	gents inc	
Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:	
United States (Ornoration agents) Registered Office Address MUST BE FLORIDA STREET AD	inc.	
5575 S. SEMURAN BIVO #3	36	
ck landa	32822	
<u>(1) (1) (1) (1)</u>	10000	
(b) Antaua Donaldson		
Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:	
AFFF Timone Ance I com and to	· · · · · · · · · · · · · · · · · · ·	
4555 Juniper Cirand 100p apt 20 NEW Registered Office Address:	<u> </u>	
		
casselbarry, . Fl	31707	
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the re-	gistered office and the business office of the registered	
agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of t	lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in	
the articles of organization or the operating agreement of the lin	nited liability company.	
Signature of a member or authorized representative of a member	Huya Donaldson Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been		
notified in writing of this change?		
Signature of Registered Agent		