L2000113860

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIS				
JUL 2 3 2023				

Office Use Only



000408694890

| 05.1101.--0.014--027 | **27.61

2023 MAY 22 AM 8: 33

ENCRETARY OF STATE DAME CORFORATION

COVER LETTER

TO: Registration Section Division of Corporations

Bdazzled, LLC		
SUBJECT:	ame of Limited	I Liability Company
1	ame or Emmee	Liaumy Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to t	he following:
Aisha Cheatham		
Name of Person		
Bdazzled, LLC		
Firm/Company		
5991 NW 183rd St. #330		
Address	<u> </u>	
Miami Gardens, Fl. 33015		
City/State and Zip Code	<u> </u>	
admin@bdazzled.com		
E-mail address: (to be used for future a	nnual report no	tification)
For further information concerning this matte	er, please call:	
Aisha Cheatham	786	808-2717
	at (
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:	
■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy

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.

Bdazzled, LLC ame of the limited liability company:		
5991 NW 183rd St. #330 Miami Gardens, FL 33025		91 NW 183rd St. #330 Miami Gardens, FL 33025
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
27 April 2020	1.200	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date of filing/registration in Florida	4.	Document number
Registered Agent and Registered Office shown on the records o Aisha Cheatham	f the Florida Dep	t, of State;
Registered Office Address 5991 NW 183rd St. #330	'ADDRESS)	
Miami Gardens F	33025 L	
Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
Aisha Cheatham		22 A
NEW Registered Office Address: 5991 NW 183rd St. #330		AH 8: 33
Miami Gardens, F	33025 L	
limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nure of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address.	e registered of iability compa of the limited liabil	Fice and the business office of the registered inv. it is hereby confirmed that the change(s liability company or as otherwise provided ity company. Printed or typed name of signee this capacity. I further agree to comply with

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

Signature of Registered Agent