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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 EMPLOYER - STUART, LLC**

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Elegance Employer - Stuart, LLC		
		of Limited L	iability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning this	matter to the	following:
Lori Wha	alen		
	Name of Person		_
Registere	ed Agent Solutions, Inc.		
	Firm/Company		
Corporati	e Center One, 5301 Southwest Pkwy, Ste 40	0	
	Address		
Austin, T	X 78735		
	City/State and Zip Code		
——————————————————————————————————————	nail address: (to be used for future annu	al report noti	ñcation)
For furth	er information concerning this matter, p	lease call:	
Lori Wha	alen	888 at (705-7274
	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 Tallahassee, FL 32303
1	Enclosed is a check for the following a	ımount:	
(□ \$25 Filing Fee		S55 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.

2. (a)	1416 CLARKVIEW RD.	(b)	(b) 1416 CLARKVIEW RD.					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
				RE, MD 212				
	5/12/2020	(.20000124	447				
3.	Date of filing/registration in Florida	— 4.	· - · · · · · · · · · · · · · · · · · ·	Document n	umber			
5. (a)	TRAC - THE REGISTERED AGENT COMPANY							
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	:				
	Registered Office Address (MUST BE FLORIDA STREET) 236 E. 6TH AVE.	ADDRESS)						
	TALLAHASSEE F	L32303			i.	2023		
(b)	Registered Agent Solutions, Inc.				• . • • .	2023 NOV	·*;	
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:			29		
	2894 Remington Green Ln.					PH I2: 49	□`-'	
	NEW Registered Office Address:					· -		
	Ste. A					9		
	Tallahassee	L 32308						
change igent w was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered lability con of the limit	l office and npany, it is ed liability	the business hereby conf company or	s office of th irmed that th	ie regist ie chans	ered gc(s)	
ls/	Jaclyn Wright	Jacly	n Wright		Authorized	d Pers	on	
Signat	ure of a member or authorized representative of a member			Printed or type	ed name of sign	ee		
provisi the obli to mere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providily reflect a change in the registered office address, I in writing of this change.	performa	ice of my di	uties and La	am Tamiliar :	with and	Laccen	

Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent