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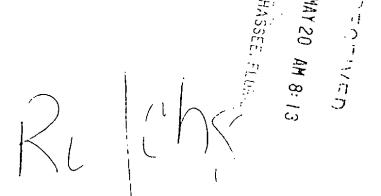
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COVER LETTER

Registration Section Division of Corporations Change of Registered Agent for Denise Rose Cosmetics LLC SUBJECT: 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: Kemecia Smith Name of Person Denise Rose Cosmetics LLC Firm/Company 9042 Grateful Thomas Trl Apt 202 Address Tampa, Fl 33626 City/State and Zip Code DeniseRoseCosmetics@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kemecia Smith at (_____ Area Code & Daytime Telephone Number Name of Person 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 amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

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.

| ī. | Na | me of the limited liability company: DENISE ROSE | COSMET | ICS LLC | |
|------------------------|----------------------------------|---|--|--|--|
| 2 | (a) | | (H | SAME | |
| | (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) |
| | | 9042 GRATEFUL THOMAS TRL - UNIT 202 | | | |
| | | TAMPA, FLORIDA 33626 | | | |
| | | | | L2000013 | 1415 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5 | (a) | REGISTERED AGENTS INC. | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records o 7901 4TH ST N - STE 300 | f the Florida | i Dept. of Siz | |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | ORESS) | |
| | | ST. PETERSBURG, F | L_33702 | | TOPLINA 20 H 8: |
| | (b) | KEMECIA SMITH | | | 0 H 8: 39 |
| | • / | Enter name of NEW Registered Agent and/or NEW Registere | d Office ad | dress: | - (500 32 - 105 - 1 |
| | | 9042 GRATEFUL THOMAS TRL - UNIT 202 | | | |
| | | NEW Registered Office Address: | | | _ |
| | | | | - | _ |
| | | TAMPA , F | L_33626 | | . |
| chage wa | ange ent v is/we | imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cles of organization of the operating agreement of the | e registere iability co of the lim | ed office as impany, it iited liabili | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in |
| | _ < | Keniccia Sulta | KEN | MECIA SM | |
| | = | ture of a member or authorized representative of a member | | _ | Printed or typed name of signee |
| pro the to no | ovisi v obl mere tifica | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the first change in the registered office address. It is writing of this change. | gree to act e performe ed for in C hereby co - | in this cap ance of my Thapter 60 Infirm that | pacity. I further agree to comply with the adules, and I am familiar with and accept 15. F.S. Or, if this document is being filed the limited liability company has been |
| Sη | gnatyi | re of Registered Agent | | | |