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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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 **CUSTOMIZED BARBIE LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

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

| ruma | | | · · | |
|------------------------------|--|--|--|---------------------|
| 1. Na | ame of the limited liability company: CUSTO | MIZE | D BARBIE LLC | |
| | | | n) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability co (Note: MAY BE POST OFFICE | |
| | 128 BIG BEN DR. | | 128 BIG BEN DR. | |
| | DAYTONA BEACH, FL 32117 | | DAYTONA BEACH, FL 32117 | |
| | 05/18/20 | | L20000133226 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | UNITED STATES CORPORATION AGEN | ITS, INC. | | |
| 2. (u) | Registered Agent and Registered Office shown on the records of | of the Florida | 1 Dept. of State. | |
| | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | (ADDRESS) | 1 | |
| | 476 RIVERSIDE AVE. | | | |
| | JACKSONVILLEF | T. 32202 | 2 | |
| (b) | Registered Agents Inc | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registers | ed Office add | dress: | |
| | 7901 4th St N | | ₩. ₽ ₀ . | 20. |
| | NEW Registered Office Address: | | | 23 2 |
| | STE 300 | | <u>:</u> | 12. 2023 AMR 1.0 |
| | St. Petersburg | 33702 | · · · · · · · · · · · · · · · · · · · | מ פאר מרה |
| the cha agent w was/we | imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the regis liability col of the limi | stered office and the business office of the ompany, it is hereby confirmed that the challed liability company or as otherwise pro | registered |
| | Pult in June 19 | | ROBIN JONES | |
| Signat | ure of a member or authorized representative of a member | | 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.

David Roberts - Assistant Secretary