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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 **ENVY MY SLAY LLC**

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Proximit to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company admits the following statement in order to change its registered office or registered agent, or both, in the State of Eurida.

N:	ame of the limited liability company: ENVY [MY SLA	Y LLC		
(a)		(b) _			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)		
	8306 West Oakland Park Boulevard		700 South Park Road 1311		
	Fort Lauderdale, FL 33351	<u> </u>	Hollywood, FL 33021		
	05/20/20	<u>L</u>	20000137715		
:	Date of filing/registration in Florida	4.	Document number		
i. (a)	CHOUTE, ABIGAIL				
. (,	Registered Agent and Registered Office shown on the records	s of the Florida D	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
	700 South Park Road 1311				
	Hollywood .	Fi 33021			
					
(h)	Registered Agents Inc	. <u> </u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addre	202 :		
	7901 4th St N		2023 FE8		
	NEW Registered Office Address:		B 27		
	STE 300		m#C		
	St. Petersburg	_{EI} 33702	· · · · · · · · · · · · · · · · · · ·		
ne cha gent v vas/we he art Signa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of state of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complete.	s of the registed liability comers of the limited liab	tate of Florida, it is hereby confirmed that after ared office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. ROBIN JONES Printed or typed name of signee		
the obtainer notified 	ions of all statules relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. David Roberts - Assist				
s gnatu	ne of Registered Agent		·· ,		