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08/12/24--01023--015 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: Blush Hair and makeup Co. 11C Name of Limited Liability Company				
Dear S	ir or Madam:			
The er	iclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to	the following:		
Dena R. Brooks Name of Person				
11009 S, Arrawana AVE Address				
Tampa FL 33629 City/State and Zip Code				
Denavene brooks a qual Com E-mail address: (to be used for future annual report notification),				
For fut	ther information concerning this matter, please cal			
De	Name of Person at (8)	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations. Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

25 Filing Fee

Enclosed is a check for the following amount:

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.

1. Name of the limited liability company D	SLL hair One Tilakarri (Ce
2. (a) 1 N G - 1 N 1	(b) Deva Brooks
Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1689 5 PARILY	2 ACOLS W North A St
> 10095. Arrawaya AVE	Tampa FL 33609
7/25/2024 ampart 330	629
3. Date of filing/registration in Florida	4. Document number
5 (a) Inc Authority N/A 1851	O Vasaav St. Reno NV
Registered Agent and Registered Office spown on the records of the	Florida Dept. of State: 69502
Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)
<u> </u>	
, FI,	
(b) Sinshine Corporate F	ilinas LLC
Enter name of NEW Registered Agent and/or NEW Registered Off	fice address:
7901 4th St N STE 30	0
NEW Registered Office Address:	277/7
St. Petersburg, FL 3	22702
FL,	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/wery authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the ling. Signature of a member or authorized representative of a member.	e registered office and the business office of the registered ility company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here	to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been
natified in writing of this change.	

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

Signature of Registered Agent