120000247236

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	The Conscious Shop		
		Name of Limited L	iability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to the	following:
Kathy	Brenke Germain		
	Name of Person		_
The Co	onscious Shop		
	Firm/Company		
4889 8	NW 8th Ct		
	Address		_
Planta	tion, FL 33317		
<u> </u>	City/State and Zip Co	ode	····
kathyb	renke@gmail.com		
	E-mail address: (to be used for futur	e annual report notif	ication)
For fu	rther information concerning this m	atter, please call:	
Kathy	Brenke Germain	786 at (546-9851
	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
	Enclosed is a check for the follo	wing amount:	
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

1.	Na	ime of the limited liability company: The Conscious Shop	р							
2. (a)	4889 NW 8th CT		(b)	4889 NW	7 8th CT				
,	,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,				limited lia		
		Plantation, FL 33317			Plantation	n, FL 3331	17			
		08/13/2020	_	L	.20000247	7236		·		
3.5.	(a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC	4.	_		Docum	ent num	nber		
J.	(4)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD.	e Flori	ida I	Dept. of Sta	ate:				
		Registered Office Address (MUST BE FLORIDA STREET AD 36	ODRE	<u>(SS)</u>		_				
		ORLANDO ,FL	2822					S S S S S S S S S S S S S S S S S S S	2021	
(b)	Kathy Brenke Germain				_			2021 SEP -2	7
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>)ffice :	addı	ress:			SVI	√	
		4889 NW 8th Ct						OF S	H	
		NEW Registered Office Address:						HAIE	9: 22	
		Plantation FL_3	3317			_				Q
cha: age: was	nge nt v /we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of eles of organization or the operating agreement of the liable.	egiste ility (the li mited	ered con imit d lia	l office ar apany, it led liabili ability co	nd the bu is hereby ity compa mpany.	siness o confirn	ffice of that	he regi the cha	stered nge(s)
Si	entii	ture of a hymbol/or abthorized representative of a member	— —	amy	Brenke (or typed n	name of sig	nee	
I ho pro the to n noti	erel visi obl iere fieg	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete points of my position as registered agent as provided particle a charge in the registered office address. I he fin writing of this change	e to a erfori for in reby	ict ii mai Ch von	n this cap ice of my iapter 60 ifirm that	pacity I	 further i	aaree to	comply	with and acceing fi with acceing fi with the with a second acceptance w
Sigi	រច់ឡើ	Division of Corporations P.O. Bo	<u>2</u> 1) 7 -	Tallak -	inena Et	22214			

FILING FEE: \$25.00