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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE THE BEAUTY GOAT LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ì.	Na	ame of the limited liability company: <u>THE BEAUTY</u>	GOAT LLC				
2.	(a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· — — —	Mailing address of limited lia (Note: MAY BE POST O	-	
		St. Petersburg FL 33702		St. Petersburg FL 33702			
3.		09/30/2020 Date of filing/registration in Florida	4.	L200003089	930 Document number		
٥.		Date of thing/registration in Florida	٦.		Document transcer		
5.	(a)	REPUBLIC REGISTERED AGENT LLC	·····	**********			
		Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of Stat	.e:		
		1150 NW 72ND AVE TOWER I					
		Registered Office Address [IMUST BE FLORIDA STREE]	T ADDRES.	<u>sy</u>	-		
		STE 455			_		
		MIAMI	FL <u>33126</u>	<u>-</u>		202	
						2824 NOV 22	' 0
	(b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Or					, V	्रा निर्मा जाः नरः
				iaress:		22	
						PH	_Bo}.
		7901 4th St N			- inj	_ <u></u>	Ċ
		NEW Registered Office Address:				613.13 911.11	
		STE 300			_ -		
		St. Petersburg , F	F1_33702		_		
					- 		
H th	the l e cha	imited liability company is not organized under the lange or changes are made, the Florida street address o	raws of the	e State of Flo istered office	orida, it is hereby confi- c and the business offic	rmed the	iat after e registered
ag	ent v	vill be identical. Or, in the case of a Florida limited	liability c	ompany, it i	is hereby confirmed that	t the ch	ange(s)
W)	as/wo	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	s of the lin	nited liabilit Tiability con	y company or as otherw	vise pro	ivided in
			ic minicu	manning com	mpuny.		
_	Siena	ture of a member or authorized representative of a member	Rot	oin Jones	Printed or typed name of si		
				e in eleterania	• •	-	le estale de s
ı pr	oviși	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple	gree wac te perforn	i in inis cap ignce of my	duties, and I am Jamilie	o comp ar with	iv with the and accept
th to no	e obl mere Hifie	ions of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change.	ded for in Thereby o	Chapter 603 confirm that	5. F.S. Or, if this docum the limited liability con	nent is i npany l	peing filed las been
7)wid	David Roberts - Assistant	. Secretary				
45	ignatu zaugi	wol Registered Agent					