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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE VICTORIA KORTHUIS STYLE, 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	iame of the limited liability company: VICTORIA KO	RTHUIS STYL	E, LLC.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)
2	10/13/2020		000324339
3.	Date of filing/registration in Florida KORTHUIS, VICTORIA	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 2100 ROYAL OAKS DRIVE  Registered Office Address (MUST BE FLORIDA STREET)		
	ROCKLEDGE . F	32955 L	MATERIAL 20
(b)	NORTHWEST REGISTERED AGENT LLC	\\	
	7901 4TH ST N	Charles 25	
	NEW Registered Office Address: STE 300		
	ST. PETERSBURG	I. <u>33702</u>	
chang agent was/w the ar Sign	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the state of a member of authorized representative of a member.	e registered of iability compa of the limited liability Mat Smit	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  h  Printed or typed name of signee
provis the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in the eperformance ed for in Chap, hereby confiri	its capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signy	Taylor Newman ure/of Registered Agent		