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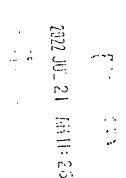
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:	Registration Section Division of Corporations		•	•
	•			
SUBJ	ECT: AGLOW LLC	Name of Limited	I inhility Comment	
		Name of Limited	Liability Company	
Dear :	Sir or Madam:			
The e	oclosed Registered Agent/Registered	l Office Change a	nd fee(s) are submitted for fil	ling.
Please	e return all correspondence concernir	ng this matter to th	ne following:	
Melis	sa Jones			
	Name of Person			
ZenBı	siness Inc.			
	Firm/Company			
336 E	. College Ave. Suite 301			
	Address			
Tallah	assee, FL 32301			
	City/State and Zip Co	ode		202
ra@ze	enbusiness com			2022 JUL.
	E-mail address: (to be used for future	e annual report no	tification)	: 2
For fu	rther information concerning this ma	atter, please call:		
Mel	issa Jones	844 at (493-6249	
	Name of Person		Area Code & Daytime T	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et. Suite 810
	Enclosed is a check for the follow	wing amount:		
	□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified C	Сору

INHS18 (2/14)

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.

	A C L C VA L				
1. N	lame of the limited liability company: AGLOW L				
2. (a)	1548 NORTHWEST 113TH WAY	, _ (_{b)} 1548 N	ORTHWEST 113TH WAY	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:	
			DEMD	(Now: MAY BE POST OFFICE BOX)	_
	PEMBROKE PINES, FL 33026	_	PEIVID	ROKE PINES, FL 33026	
		 -			_
	12/21/2020		L21000	0000405	
3.	Date of filing/registration in Florida	4.	•	Document number	_
5. (a	Registered Agents Inc.				
J. (u	Registered Agent and Registered Office shown on the records of t	be Florio	la Dept. of State	- -	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	-	
	STE 300				
	St. Petersburg , FL	33702		•	
	2D		· · · · · · · · · · · · · · · · · · ·	•	
(b)				. 20	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress:</u>	2022 JUL	
	336 E. College Ave.			2	
	NEW Registered Office Address:			· <u>-</u>	
	Suite 301			7 Total 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Tallahassee	32301		<u>ි</u>	
If the	limited liability company is not organized under the law	is of the	State of Ele	wide it is hawke, configured that after t	.
chang	e or changes are made, the Florida street address of the	register	red office and	the business office of the registered	16
agent was/u	will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members o	bility co	ompany, it is nited liability	hereby confirmed that the change(s)	
	ticles of organization or the operating agreement of the				
	Alicia Bonacci	Al	icia Bona		
_	ature of a member or authorized representative of a member			Printed or typed name of signee	
provision the object to me.	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I had writing of this change.	ee to ac perforn for in ereby c	t in this capa lance of my d Chapter 605, confirm that t	city. I further agree to comply with the huties, and I am familiar with and acce F.S. Or, if this document is being file he limited liability company has been	e ot d
Signat	ure of Registered Agehi				