5/4/2021

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From:

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Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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LLC REGISTERED AGENT CHANGE DERULOFIT, 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. Na	me of the limited liability company:						
2. (a)	9255 Sunset Blvd, 2nd Floor	(b)	9255 Suns	set Blvd. 2nd F	loor		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	West Hollywood, California 90069		West Holly	wood, Californi	ia 90069		
	01-13-2021		L2100003				
3.	Date of filing/registration in Florida	4.	Docu	ument number			
5. (a)	eResidentAgent, Inc.						
` ,	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State:		7	26 21	
	11380 Prosperity Farms Road #221E				্রি জুল , জুল কুল (মি)	2021 MAY	1
	Registered Office Address (MUST BE FLORIDA STREET A)			S	1 - F	Persona.	
					135 175		 T
	Palm Beach Gardens FL_	33410			OF STATE	АН Ю: 24	Ö
(b)	eResidentAgent, Inc.				ŞH.	24	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>)fike addr	GZZ:				
	801 US Highway 1		···				
	NEW Registered Office Address:						
	North Palm Beach	3340	8				
	,						
the cha agent v was/wa	imited liability company is not organized under the law- inge or changes are made, the Florida street address of takill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of iclest of organization or the operating agreement of the l	the registe bility con the limit	ered office and apany, it is here ed liability con	the business off by confirmed th npany or as othe	ice of the lat the cha	registe inge(s)	red
(Erik		uthorized Person			
-	ture of a member or authorized representative of a member	<u> </u>		ted or typed name of			
provisi	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	re to act i performan for in Ch ereby con	n this capacity, ace of my dutie, capter 605, F.S afirm that the li	. I further agree s, and I am fami i. Or, if this doct mited liability co	to compliar with a liar with a ument is b ompany h	v with t ind acc eing fit as been	he rept 'ed
- C:	Om a um						
Signatu	ire of Registered Agent						