Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE COUCH TOMATO SOAPS 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.

i. N	lame of the limited liability company: COUCH TO	MATO SO	APS LLC
2. (a)	276 GLADIOLA RD. NE PALM RAV. EL 32907	(b)	TRICIADIOLA DO MEDALMIRAV EL 32007
(=,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/26/2021		21000142367
3.	Date of filing/registration in Florida	4.	Document number
5. (a	APRIL M HORNE		
	Registered Agent and Registered Office shown on the records of 276 GLADIOLA RD., NE	the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	PALM BAY , FI	32907	
(h)	Enter name of NEW Registered Agent and/or NEW Registered Office address: UNITED STATES CORPORATION AGENTS, INC.		FILED 2821 AUG 1 1 PH 12: 4 NUMBER STATE ALLEMANSSEE FLORID
	NEW Registered Office Address:		**************************************
	5575 S. Semoran Blvd., Suite 36		
	Orlando FI	32822	
the clagent was/vethe ar	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member leby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I	ws of the Sta f the register iability composite limited limited liah April I	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company. Horne Printed or typed name of signee
nouji /	ed in writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETAR STATES CORPORATION AGENTS, INC. THE OF REGISTERED AGENT		