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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 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| C-~:1 | Address: | | | |
|-------|----------|--|--|--|
| CMA11 | MUULESS. | | | |

LLC REGISTERED AGENT CHANGE **FASHAN WEAR LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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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.

| l. Na | ume of the limited liability company: Fashan | wea | LLC | | |
|--------------------------|--|--------------------------------------|---|---|-----------------------------|
| 2. (a) | | (| b) | | |
| - (., | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability compa (Note: MAY BE POST OFFICE ROX | |
| | 7901 4th St N STE 300 | | 1001 A | Ildane Court | •• |
| | | | | Florida 34761 | |
| | St. Petersburg FL 33702 | | Ocoee F | -iorida 34701 | |
| | 05/07/21 | | L2100 | 0157207 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | ZenBusiness Inc. | | | | |
| .). (11) | Registered Agent and Registered Office shown on the records of | f the Flori | da Dept. of State | - e: | |
| | 336 E. College Ave. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE: | <u>(S)</u> | - s 2 | |
| | Suite 301 | | | OZZ S | |
| | Tallahassee | _L 3230 | 1 | SECRETAL | |
| (b) | Registered Agents Inc. | | | IS AN | M |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office : | ddress: | E S | D |
| | 7901 4th St N | | | AH II: 45 OF STATE SEE, FL | - - |
| | NEW Registered Office Address: | | | _ | |
| | STE 300 | | | | |
| | St. Petersburg | 3370 |)2 | _ | |
| the charge was/w the art | limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and a light of all statutes relative to the proper and completely reflect a change in the registered office address. | of the regliability of the limited R | gistered office company, it is mited liabilit Hiability cor iley Park | e and the business office of the reps hereby confirmed that the changity company or as otherwise providing any. Printed or typed name of signee process. | gistered se(s) led in |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent