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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: hello@umanahof.com

## LLC REGISTERED AGENT CHANGE BARBARELLA VENTURES 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.

	ome of the limited liability company:	_						
2. (a)	150 SE 2nd Avenue #905	05 (b) 256 N Barrings						
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(5)	3	dailing address	of limited lin		
	Miami, FL 33131	_	Los Angeles, CA 90049					
	05:19/2021	<del></del>		L210002339	9::4	· ·		
3.	Date of filing/registration in Florida	4.	_		Document n	umber		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  476 RIVERSIDE AVE.				;			
	JACKSONVILLE, FL	32202						
(0)	Registered Agents Inc.							
	Enter name of NEW Registered Agent and/or NEW Registered	Office:	add	<u>'011</u> (			999	
	7901 4th Street N. Ste 300						7	
	NEW Registered Office Address:						- C1	r- : :
	St. Petersburg, FL	33702					AH 10: 36	`-
thange agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the li	red on init Hia	office and pany, it is ed liability	the business hereby conf company or pany.	s office of the	ie regis	tered
Signat	Signature of a member or authorized representative of a member			<u>-</u>	Printed or type	d name of sign	nee	
provisio he obli o mere	on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. The in writing of this change	e to ac perform for in erchy c	ct in nan Ch con	, diin aan	nina 16 mala			with the ad accept ing filed a been
Signator	e of Registered Agent							