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2021 JUN -9 AM 10: 53 SECRETARY OF STATE

COVER LETTER

Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chelsea Nobles Name of Person Bodied By Chelsea Firm/Company 1380 Pinnacle Drive Unit B Address Pensacola, Fl 32504 City/State and Zip Code podiedbychelsea@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	TO: Registration Section Division of Corporations	•	Ü					
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Person Socied By Chelsea Firm/Company 1380 Pinnacle Drive Unit B Address Pensacola, Fl 32504 City/State and Zip Code Sociedbychelsea@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Nobles Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:								
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Firm/Company 1380 Pinnacle Drive Unit B	Chelsea Nobles							
Firm/Company Address Pensacola, Fl 32504 City/State and Zip Code sodiedbychelsea@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Nobles Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: For further information concerning this matter, please call: Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Name of Person							
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	Registration Section Division of Corporations P.O. Box 6327	Reg Divi The 241:	istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810					
	Enclosed is a check for the following a	mount:						
			g Fee & Certified Copy					

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.

Na	ame of the limited liability company: BODIED BY CH	IELSEA		
(a)	BODIED BY CHELSEA		(b) BODIED	BY CHELSEA
(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6901A N 9th Avenue#666		P.O Box	11334
	Pensacola, FL 32054		Pensacola	a, FL 32524
	May 27, 2021		L21000248	3977
	Date of filing/registration in Florida	- 4.		Document number
()	Chelsea Nobles			
(a)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	_
	1380 Pinnacle Drive B			
	Pensacola . Fl	32504		2021 JUN SECRETA
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	
				AMIO: 53
	NEW Registered Office Address:		<u> </u>	- FA 33
	6901A N 9th Avenue#666			<u>. </u>
	Pensacola	32504	l .	
	, г.	L	· <u>-</u> ·	_
hange gent v as/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the limite	ered office a company, it limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
rovisi ie obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I din writing of this change.	ree to o perfoi ed for i hereby	act in this cap mance of my n Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
ignatu	ire of Registered Agent			