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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUVLY	Things LLC me 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:	
Diana Hilton Name of Person	
LUVIY Things LLC Firm/Company	<u> </u>
7965 SR 50 Svite	_ 1000-269
City/State and Zip Code	4736
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matte	r, please call:
Diana Hilton Name of Person	at (UD7) 505 - 8244 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company:
2. (a) (b)
2. (a)
7965 SRSO Svite 1000-269 7965 SRSO Suite 1000-269
Arweland FL 34736 Groveland FL 84736
06/01/2021 L21000257902
3. Date of filing/registration in Florida 4. Document number
5. (a) Hilton Diana F. Wrs. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address MUST BE FLORIDA STREET ADDRESS)
enoveland , FL 34736 FA SEP - TI
(b) Hilton, Diana F, MA Enter name of NEW Partitional Agent and/or NEW Partitional Office address: (25)
Find table of NEW Registered Agent and/of NEW Registered Office address.
7965 SRSD Suite 1000-769
Gruveland FL , FL 34736
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signostum of a member or authorized representative of a member Printed or typed name of signee
<u> </u>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent

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