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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

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LLC REGISTERED AGENT CHANGE IDELLA BELLA, LLC

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Holder C - NUL T. LEMIEUX

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 N	ame of the limited liability company:		;		#	•
2. (a)		-				
- (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of li (Note: MAY BE	imited liabi	ility compa	any:
					· · · · · ·	
	06/09/21	L2100	00267547			
3.	Date of filing/registration in Florida	- 4.	Document num	ber		
5. (a)	INC AUTHORITY RA					
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)				
	390 NORTH ORANGE AVE., STE 2300-N					
	ORLANDO FL	32801				
(b)	Northwest Registered Agent LLC			\\\\		
(0,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		•	2023	•
	7901 4th St N STE 300				2023 1111-2	
	NEW Registered Office Address:	<u></u>				~
				· ~, .	PH 4:	Û
	St. Petersburg	33702		· · · · · · · · · · · · · · · · · · ·	7: 24	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered ability compar of the limited l	I office and the busines ny, it is hereby confirm liability company or as	s office of that the	of the repaired	gistered (c(s)
Signa	sture of a member or authorized representative of a member		Printed or typed na	ime of sign	ee	
I here provis the ob to mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I k d in writing of this change.	ee to act in th performance of I for in Chapt tereby confirm	is capacity. I further a	igree to c	comply w	vith the l accept ng filed been
-/V-	Taylor Newman - Assistant Se	cretary				
Signati	ire of Registered Agent					