

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	J.	HORNE			
	00	T - 5 2022			





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COVER LETTER

TO:

Registration Section

Division of Corporations							
SUBJECT: 305 VYBES CLOTHING LLC	;						
Nam	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	re Change a	nd fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to th	ne following:					
Melissa Jones							
Name of Person							
ZenBusiness Inc.							
Firm/Company							
336 E. College Ave. Suite 301							
Address							
Tallahassee, FL 32301							
City/State and Zip Code	 						
ra@zenbusiness com							
E-mail address: (to be used for future annu	ial report no	tification)					
For further information concerning this matter,	please call:						
Melissa Jones	844 at (493-6249					
Name of Person		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	amount:						
□ \$25 Filing Fee	۵	\$55 Filing 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.

1. N :	ame of the limited liability company: 305 VYBE	ES C	CLOTHIN	NG LLC
2. (a)	220 AUSTRALIAN AVENUE		_{ம்)} 220 A	USTRALIAN AVENUE
2. (a)	Principal office address of limited liability company:		` /	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	PALM BEACH, FL 33480	_	FALIVI	BEACH, FL 33480
	00/40/0004	_	1.01000	2271540
•	08/18/2021	- ,		0371540 Document number
3.	Date of filing/registration in Florida Registered Agents Inc.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of to 7901 4th St N	the Flori	da Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE	<u>SS)</u>	
	St. Petersburg	33702		
(b)	ZenBusiness Inc			2022 JUL SECRETA
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	oddress:	
	336 E. College Ave.			(SE) 6
	NEW Registered Office Address:			
	Suite 301			PH 1: 23
	Tallahassee FL	32301		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the 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	registe bility of f the li	red office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	John Gavigan	<u>J</u> (ohn Gavig	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and agrions 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 have a change with the change.	ee to a perfori i for in iereby	ct in this capa mance of my a Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	re of Registered Agent			

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