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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

Email Address: Samanthaalysse3@omail.com

## LLC REGISTERED AGENT CHANGE LOOSEN UP BUTTERCUP MASSAGE, LLC

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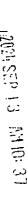
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

O9/02/2021  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  SAMANTHA LAWRENCE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  645 NW 21ST LANE  OKEECHOBEE  OKEECHOBEE  Inc Authority RA  NEW Registered Office Address:  390 North Orange Ave., Ste 2300-N  Orlando  FL 32801  If the limited liability company is not organized under the laws of the State of Florichange or changes are made, the Florida street address of the registered office and tagent will be identical. Or, in the case of a Florida limited liability company, it is agent will be identical. Or, in the case of a Florida limited liability company, it is awaywere authorized by an affirmative vote of the members of the limited liability company, it is the articles of organization or the operating agreement of the limited liability company the articles of organization or the operating agreement of the limited liability company	iling address of limited liability company:  Note: MAY BE POST OFFICE BOX  8  ocument number
3. Date of filing/registration in Florida 4. D  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  SAMANTHA LAWRENCE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  645 NW 21ST LANE  OKEECHOBEE , FL 34972  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Inc Authority RA  NEW Registered Office Address:  390 North Orange Ave., Ste 2300-N  Orlando , FL 32801  If the limited liability company is not organized under the laws of the State of Florichange or changes are made, the Florida street address of the registered office and to agent will be identical. Or, in the case of a Florida limited liability company, it is he was/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the operating agreement of the limited liability company.	·
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Samantha Lawrei	
Signature of a member or authorized representative of a member P	ice
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dust the obligations of my position as registered agent as provided for in Chapter 605, I to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	nce inted or typed name of signes