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(Requesto	or's Name)			
(Address)				
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(City/State	e/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
/Business	Entity Name)			
(Dusines:	Littly Name)			
(Document Number)				
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DECKENARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Beauty by Ash, LLC				
	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fce(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to the following:			
Aisha Sattar				
Name of Person				
Beauty by Ash, LLC				
Firm/Company				
7901 4th St N, STE 300				
Address				
St. Petersburg, FL 33702				
City/State and Zip Code				
aisha2050@gmail.com				
E-mail address: (to be used for future annual	ual report notification)			
For further information concerning this matter,	please call:			
Aisha Sattar	at (407) 334-5465			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301				
Enclosed is a check for the following	amount:			
S25 Filing Fee	☐ \$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. Name of the limited liability company: Beauty by Ash, LLC						
2. (7901 4th St N, STE 300	,	(b) 7901 4th St N, STE 300		
۷. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,U)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		St. Petersburg, FL 33702			St. Pete	ersburg, FL 33702
				•		
				-		
		09/27/2021		L	.210004	126521
3.		Date of filing/registration in Florida	4.			Document number
5. ((a)	Begum, Nawab				
J. ,	(4)	Registered Agent and Registered Office shown on the records o	f the Florid	da F	Dept. of State	::
		860 Flowers Field lane				E SE
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(2.5)</u>		
						意義 ラ 「
		Orlando	3282	24		EILED PROTEINSEEFE
			L			
(b)	Registered Agents Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		7901 4th St N				
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg	_L 3370	2		
the dager	cha it w 'we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regiability of the line limited	iste con mit Hia	ered office apany, it is ed liability ability com	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
X	\geq	fure of a member or authorized representative of a member	<u>Ais</u>	sha	a Sattar	Deietad or torond remains
			40		u ehia aun	Printed or typed name of signee
prov the o	isio phli ere ljea	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, live spriting of this change.	e performed for in hereby o	nar Ch con	ice of my d apter 605 ifirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sign	atur	Bill Havre - Assistante of Registered Agent	nt Secr	eta	ary	
~						

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

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