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COVER LETTER

Division of Corporations	, <i>•</i>
SUBJECT: Ladies Shot Back Name of Limited Liab	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Yakitha Etch Name of Person	_
Ladici Shot Borteding Ll Firm/Company	<u>-</u> C
1323 SKyvild Ld. Address	_
Scaderton FL 34209 City/State and Zip Code	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Yakitha Fitch an all	, NQ-4082
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

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:adis Snot Sorted	ng LL
2. (a) (b)	
Principal office address of limited liability company: Mailing address of limited liability company:	mited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE F	POST OFFICE BOX
11292 2542/19 100 1292 2541	oug ka.
Bradeston FL 34209 Bradeston	Er 3130
10/4/2021 L2/0004	32986
3. Date of filing/registration in Florida 4. Document numb	er
5. (a) United States Colourtium Agus, Inc	.4
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	+ 6 V V 8
	Codes
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	9 *()
5575 S. Senvian Blod Site 36	
00lando FL_32832	
	⊘ :-
(b) Yake, tha titch	2 SI
Enter name of NEW Registered Agent and/or NEW Registered Office address:	10 ₩.3
A A TO	-
NEW Registered Office Address:	₽ ∄
7323 SV-16/12 Rd.	<u>မှာ မြို့မှု</u>
1325 SETOTA LOS.	$oldsymbol{\overline{\omega}}$ $oldsymbol{\overline{g}}^{\mu}$
747119	
Scapenton, FL 5900	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby change or changes are made, the Florida street address of the registered office and the business of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed was/were authorized by an affirmative vote of the members of the limited liability company or as the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed nature of all statutes relative to the proper and complete performance of my duties and Lamin	fice of the registered ed that the change(s) otherwise provided in the of signee
provisions of all statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this to merely reflect a change in the registered office address, I hereby confirm that the limited liability notified in writing of this change. Signature of Registard Agent.	document is being filed ity company has been

FILING FEE: \$25.00