Division of Corporations



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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE BARE BODY WAXING CO. LLC

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MAR 0 5 2024 K. Brumbley 3/4/2024 08:35,73 PST To: 18506176383 Page 2/2 Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company. Bare Body Waxin	ig Co				
a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/05/22	 	L220000132			
	Date of filing/registration in Florida	4.		Document number		
(a)	Parker , David George Registered Agent and Registered Office shown on the records of	the Flor	rda Dent, of State	-		
	1861 NW 142nd Terr	1 111				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>			
	Pembroke Pines . FI				2024 HAR -	
1)	Registered Agents Inc				· HAR	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office :	addresy:		<u>-</u>	
	7901 4th St N				. P	• }
	NEW Registered Office Address:		···	-	့ ယူ	
	STE 300			-	۲ <u>+</u> 2	
	St. Petersburg . FI	33702				
hai t w we	mited liability company is not organized under the lar nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	ws of the fithe repairing ability of the li	ne State of Flo gistered office company, it is mited liability	orida, it is hereby ec and the business of s hereby confirmed y company or as oth	ffice of the	e registe lange(s)
	ure of a member or authorized representative of a member		bin Jones	•		
nati	ure of a member or authorized representative of a member			Printed or typed name	of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary
Signature of Registered Agent