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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

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LLC REGISTERED AGENT CHANGE RAW AND LOVELY LLC

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Help

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.	Same of the limited liability company: RAW AN	ID LOVEL	Y LLC
2. (a		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/16/22	 	000032696
3.	Date of filing/registration in Florida	4.	Document number
5. (EDITA VITKEVICIUTE		
()	Registered Agent and Registered Office shown on the records of	the Florida Dept, of	State:
	2719 HOLLYWOOD BLVD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		· ~
	STE 2		
	HOLLYWOOD .FI	33020	2822 OCT 13
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office address:	13 AH D: 14
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the registered of iability company, of the limited liab hinted liability	ffice and the business office of the registered it is hereby confirmed that the change(s) billity company or as otherwise provided in company.
12	nature of a member or authorized representative of a member	Riley Pa	Printed or typed name of signee
I he prov the o	reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, lift in writing of this change.	ree to act in this e e performance of ed for in Chapter hereby confirm to nt Secretary	canacity I further agree to comply with the

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Signature of Registered Agent