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2022 (I.v.: -2) Pit 3: 59



## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Lindsey Jane Soaps, CC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Lindsey Cemillo Name of Person						
Lindsey Jane Soaps Firm/Company						
3046 SW EUSWOrth Ave						
Palm City, FL 34990 City/State and Zip Code						
Lindsey jane Soaps a grain. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Lindsey Camillo at (772) 233-2089  Name of Person Area Code & Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
\$25 Filing Fee  \$25 Filing Fee & Certified Copy						

## 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.	Na	ame of the limited liability company: Lindsey J	ane	Soaps, 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)			
		3046 SW Elbworn Ave.	304	6 SW Eusnorth Au			
		Pala City, Fr 34990	Pa	in City, Fr 34991			
		1/31/22	La	12000090693			
3.		Date of filing/registration in Florida 4.		Document number			
5.	(a)			_			
		Registered Agent and Registered Office shown on the records of the Florida	Dept. of Stat	e:			
	Lindsey J. Camillo						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		684 SW Gler Crest wa	lΥ	- 59			
		Strart FL 3	4997	2.952			
			7	-			
	(b)			1			
		Enter name of NEW Registered Agent and/or NEW Registered Office add	dress:	<del>ت</del> _			
				<u>ب</u>			
		NEW Registered Office Address:		- S			
		3046 SW Ellsworn Av	e	_			
		Pain City FL 3	499C	)			
chage wa	ange ent v is/we	limited liability company is not organized under the laws of the e or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability correct authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited limite	d office and mpany, it is it i	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.			
_5	Signat	nure of a member of authorized representative of a member	40	Sey (cm//o Printed or typed name of signee			
pro the to	ovisi obl. merc	by accept the appointment as registered agent and agree to act ions of all statutes relative to the proper and complete performa ligations of my position as registered agent as provided for in Celv reflect a change in the registered office address, I hereby cod in writing of this change:	in this cape ince of my c hapter 605 nfirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been			
Si	gnatui	ire of Registered Agent					