

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159438 3)))



H240001594383ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:____

LLC REGISTERED AGENT CHANGE AROMA MOMMA LLC

PETERINE OF STATES OF THE STATES OF THE STATES OF STATES

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 1 2024

K. Brumbley

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.

I. Na	ame of the limited liability company: Aroma Momma	LLC			
2. (a)	75154 EDWARDS RD		(b)	75154 ED	WARDS RD
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	YULEE, FL 32097			YULEE, F	L 32097
	05/01/2024		I.	.220001496	10
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	_		Document number
. (-/	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	of the Flor	rida [Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRI	<u>:SS)</u>	,	
	JACKSONVILLE , F	L_32202	!		2024
(b)	Corporate Creations Network Inc.				2024 11.77 - 1
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	addı	<u>ress</u> :	<u> </u>
	801 US Highway 1				P
	NEW Registered Office Address:				6: 22
	North Palm Beach, F	FL33408	1		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne regist liability s of the l	ered con imit	l office and apany, it is red liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Strella Tavarez iture of a member or authorized representative of a member	E	strel	la Tavarez,	Attorney-in-Fact
					Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, t d in writing of this change	e perfor	mar	ice of my a	luties, and I am Familiar with and accept

Signature of Registered Agony