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To: Division of Corporations Fax Number : (850)617-6383 From: : COMPUTERSHARE Account Name Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Fax Number inter he 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 **BIG PAPA CANDLES LLC**

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02

K. SALY

MAY - 8 2024

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.

2. (a)	15471 sw 288 st Apt.B107	(b)	15471 sw 288 st Apt.B107
()	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)
	Homestead, FL 33033	<u> </u>	Homestead, FL 33033
	04/15/2022	L	22000182228
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 Florida I	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Jacksonville,	L_32202	MATEURASS MATEURASS
	Corporate Creations Network Inc.		HAY -8 PH 5: 01
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	PH 5: 01
	801 US Highway I		in a little of the second of t
	NEW Registered Office Address:		***
	North Palm Beach, I	-L 33408	
change agent v was/we	mited liability company is not organized under the l or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered liability con s of the limit	office and the business office of the registered inpany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Kristen Espinales	Kriste	n Espinales, Attorney-in-Fact
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi the obl	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my proper in the registered agent as provide the reflect a change in the registered effice address	gree to act is e performan led for in Ch	n this capacity. I further agree to comply with the ace of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Signature of Registered Agent