6/29/22, 7:56 AM

Division of Corporations

## Florida Department of State

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.

(((H22000223276 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

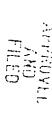
Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*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 MY SERENITY HUB LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00



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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MY SERENITY HUB LLC	
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Cheyenne Moseley	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 10th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
Paolarametta@yahoo.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	<b>☑</b> \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

LegalZoom.com, Inc.

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. N	ame of the limited liability company: MY SERENI	TY HUB LLO	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	435 NW 33RD LN	43	5 NW 33RD LN
	POMPANO BEACH, FL 33069	PC	MPANO BEACH, FL 33069
	06/13/2022	L22	000268394
3.	Date of filing/registration in Florida	<u> </u>	Document number
5. (a	<b>)</b>		
J. (ii	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State:
	United States Corporation Agents, Inc.		
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	
	5575 S. Semoran Blvd., Suite 36		
	Orlando	32822	2022
	,,	· · · · · · · · · · · · · · · · · · ·	ATTR FIL 022 JUN 29
(b)			* * * * * * * * * * * * * * * * * *
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	9 EAS
	Judith Rametta		AR 9:
	NEW Registered Office Address:		
	435 NW 33rd Ln #201		— <u> </u>
	Pompano Beach FI	_33069	
the ch agent was/w the ar	limited liability company is not organized under the la sange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered lability compa of the limited c limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
provis the ob to mei	by accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	ree to act in the performance of for in Chap hereby confir.	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
	#-d-	Judith Rar	metta
Signat	tire of Registered Agent		