122 000 269 875

(Re	equestor's Name)	
(***	rquotion o rvanne,	
(Ad	ldress)	
•	,	
(Ad	ldress)	
	•	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ





200390868202

97/19/22--01018--018 ++25.00

2022 JUL 19 MAII: 17

Ba croud

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LIVE LOVE LASH BEAUTI	de lity 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 f	following:
Jessica Lailer Name of Person	
Firm/Company	_
3751 Mackentle Ct Address Palm Harbor FL 341089 City/State and Zip Code	2022 JUL
Less 1 Calaller 22 @ gmail. E-mail address: (to be used for future annibal report notific	Com Eation)
For further information concerning this matter, please call:	-
Jessica Lawer at (813) Name of Person	735 - 2949 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
S25 Filing Fee S5.	5 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

l. Nar	ne of the limited liability company: LIVE LOVE LOSH BEAUT! YSON
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 5410 N PAYA (V3 V0) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pinellas Park, FL 33781 Pinellas Park, FL 3378
3.	06 3 2022
5. (a)	United States Corporation Agents 190. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5575 S. Semoran Blvd. Suite 34 Registered Office Address AUST BE FLORIDA STREET ADDRESS
	OVIGNOO FL 32822
(b) _	Registered agents inc.
	The name of NEW Registered Agent and/or NEW Registered Office address: 1901 4+10 5+ 10 5+2 300 NEW Registered Office Address:
	St. Petersburg, FL 33702
change c agent wi was/wen	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the of changes are made, the Florida street address of the registered office and the business office of the registered libbe identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) buthorized by an affirmative vote of the members of the limited liability company or as otherwise provided in or of organization or the operating agreement of the limited liability company.
Signatu	to of a member or authorized representative of a member Printed or typed name of signee
I hereby provision the oblig to merel	cot a member of authorized representative of a member Printed of typed name of signee accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed ye reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signature	of Registered Agent