LZZ 000 273 145

(Requestor's Name)
(Requestors Name)
7011
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consider Instructions to Filing Officer
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04/24/23--01021--016 **25.00

7027 ICR 214 FEE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Styled For You			
٨	lame of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the	e following:	
Madison Mertino			
Name of Person			
Styled For You			
Firm/Company			
212 Cornwall Dr			1933 AFR 24
Address			12 :3 - ro
Ponte Vedra, Florida 32081			477
City/State and Zip Code	e		
madisonmerlino@yahoo.com			. 7
E-mail address: (to be used for future a	annual report not	ification)	
For further information concerning this matt	er, please call:		
Madison Merlino	201 at (661-1305	
Name of Person	\	Area Code & Daytime Telepho	one 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, Sui Tallahassee, FL 32303	ite 810
Enclosed is a check for the followi	ng amount:		
■ \$25 Filing Fee		\$55 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. Na	me of the limited liability company: Styled For You	·	
2. (a)	212 Cornwall Drive	(b) 21	12 Cornwall Drive
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ponte Vedra Beach, FL, US 32081		onte Vedra Beach, FL. US 32081
	06/15/2022	L22	2000273145
3. 5. (a)	Date of filing/registration in Florida ZENBUSINESS INC.	4.	Document number
,	Registered Agent and Registered Office shown on the records 336 E. College Ave	of the Florida Dep	pt. of State:
	Registered Office Address	T ADDRESS)	70.7 20.7
	Tallahassee	FL_32301	
(b)	Madison Merlino Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 212 Cornwall Drive	red Office addres	·
	NEW Registered Office Address:		
	Ponte Vedra	FL_32081	
change agent v was/we	imited liability company is not organized under the learning 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 companization of the operating agreement of the opera	he registered o liability compa s of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) deliability company or as otherwise provided in
	Madison Merlino	Madisor	n Merlino
I herei provisi the obl to mero notifica	ture of a member or authorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as provided by the change in the registered office address. It is writing of this change.	gree to act in the performance ded for in Chaptel I hereby confit	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been