Division of Corporations

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Division of Corporations Fax Number : (850)617-6383

From:

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

Fax Number

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

Email Address:
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LLC REGISTERED AGENT CHANGE **CHV CLOTHING LLC**

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K. SALY

JUL - 3 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.

1. N	ame of the limited liability company: CHV Clothing L	LC		
2. (a)	2900 NW 130th Ave		(b) ²	2900 NW 130th Ave
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\ <u>-</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sunrise, FL 33323	_ _	Si	Sunrise, FL 33323
	06/21/2022		L2	22000281536
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
J. (a)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.			
	Registered Office Address (MUST BE FLORIDA STREE)	PRA JUL-2		
	Jacksonville, F			
(b)	Corporate Creations Network Inc.	THE		
(0)	Enter name of NEW Registered Agent and/or NEW Registers	<u> </u>		
	801 US Highway 1			<u></u>
	NEW Registered Office Address:			
	North Palm Beach	33408	3	
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the l	ered of comp imite	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	K	risten	n Espinales, Attorney-in-Fact
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee
provis the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of this change.	ree to a e perfor ed for it hereby	ict in manc n Cha confi	n this capacity. I further agree to comply with the ice 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
	Kristen Espinales Knsten Espinales, Special Secretary			
Signati	ire of Registered Agent			