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OCT 1 2 2022 S. PRATHER

COVER LETTER

SUBJECT:	JECT: GEMS A GIRLS BEST FRIEND, LLC			
SODJECT.				
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.	
Please return	n all correspondence concernin	g this matter to the	following:	
Inge Smith				
	Name of Person	· · ·		
GEMS A GI	RLS BEST FIEND, LLC			
	Firm/Company		<u> </u>	
552 SW Nati	ura Ave			
	Address			
Deerfield Be	each, FL 33441			
	City/State and Zip Co	de		
ingeandfrank	c@comcast.net			
E-mai	l address: (to be used for future	annual report noti	fication)	
For further	information concerning this ma	itter, please call:		
Inge Smith		954 at (592 - 7188	
	Name of Person	M: \	Area Code & Daytime Telephone Number	
Ma	ailing Address:		Street Address:	
	gistration Section		Registration Section	
	vision of Corporations		Division of Corporations	
	D. Box 6327		The Centre of Tallahassee	
ial	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

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.

(a)	552 SW Natura Ave	ſŀ	552 SW Natura Ave
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Decrfield Beach, FL 33441	 -	Deerfield Beach, FL 33441
	06/27/2022		L22000289189
	Date of filing/registration in Florida	4.	Document number
(a)	CHEYENNE MOSELEY, LEGALZOOM.COM, INC		
	Registered Office Address (MUST BE FLORIDA STREET)	-	
4.	Inge Smith		
b)	Inge Smith Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:
(b)		Office ad	dress:
b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:
(b)	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	Office ad	dress:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee