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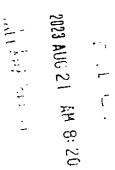
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COVER LETTER

TO: Registration Section Division of Corporations	₹			
SUBJECT: Nichole Bell Aesthetics LLC				
Na	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
Suzanne Blankenship	•			
Name of Person	 			
Nichole Bell Aesthetics LLC				
Firm/Company				
1819 Main St				
Address				
Sarasota, Florida 34236				
City/State and Zip Code				
Agent@floridaregisteredagent.com				
E-mail address: (to be used for future an	nual report notification)			
For further information concerning this matter	r, please call:			
Suzanne Blankenship	at (³⁶⁰) 862-3262			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee. Florida 32301				
Enclosed is a check for the followin	g amount:			
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

* 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: Nichole Bell Aesth	etics LLC	
2. (a)		(b)	
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1819 Main St Suite #118	_	
		_	
	07/01/22	L22000	0297962
3.	Date of filing/registration in Florida	4.	Document number
	Alisha Buckman		
5. (a	Registered Agent and Registered Office shown on the records of t	he Florida Dept. c	
	Buckman and Buckman, P.A,		7- 1 L 2023 AUG 21 (ATT ATTASS
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	AUG T
	2023 Constitution Blvd		21
	Sarasota , FL	34231	PTILLE
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office address:	8:
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FL	33702	
the chagent was/w the ar Sign I her provi. the oh to me notification of the chage the chapter of the chage the chapter of the chapt	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the latter of a member or authorized representative of a member sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address. It is possible to the proper and complete of the reflect a change in the registered office address. It is possible to the proper and complete of the reflect a change in the registered office address. It is possible to the proper and complete of the registered office address. It is possible to the proper and complete of the registered of the registered of the proper and complete of the prope	the registered ability compan of the limited li limited li limited li limited li limited li limited li abilit li limited li abilit li limited li li limited li li limited li li limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Printed or typed name of signee s capacity. I further agree to comply with the of my duties, and I am familiar with and accept

Signature of Registered Agent