Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

LLC REGISTERED AGENT CHANGE Z LOVELY KREATIONS LLC

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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,

I. Na	ame of the limited liability company:			
2. (a)		(b)	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/20/22		L2200032248	
i.	Date of filing/registration in Florida	4.		Document number
. (a)	LEGALINC CORPORATE SERVICES INC.			
	JACKSONVILLE	32202		
(b)	Registered Agents Inc			2023 24 26 27 27 27 27 27 27 27 27 27 27 27 27 27
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>ddress</u> :	APPI A FI SECRETA SECRETA
	7901 4th St N			FICE FACE
	NEW Registered Office Address:			PA PO PA
	STE 300			FL 07

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Jacop Robin Jones Signature of a niember of authorized representative of a member Printed or typed name of signee

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.

Signature of Registered Agent

Assistant Secretary

David Roberts