

L22000335899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

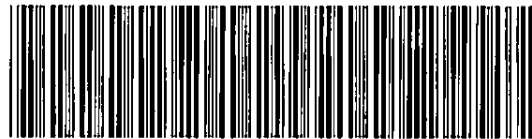
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R. HUNT
10/03/23

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rhiannon Estahi	153 NW 16TH ST	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF CONSUMER AFFAIRS
STATE OF FLORIDA

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Division of Child Development

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Dated October 3, 2023

John Rack

Signature of a member or authorized representative of a member

John Rack

Typed or printed name of signee

Filing Fee: \$25.00