U22000338/64

(Requestor's Name)									
(Address)									
(Address)									
(Addiess)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
(2000									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
<u> </u>									

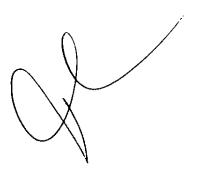
Office Use Only



800406102818

Dr. C. C. Cill Di. Galley

2023 APR 10 AH 10: 0



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Birch Baby Clo	thing LLC			
0010		Name of Limited	Liability Company	_	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to th	e following:		
Micha	el Serrano				
	Name of Person				
ZenBu	siness Inc.				
	Firm/Company				
336 E.	College Ave. Suite 301			20	,
-	Address		 }	123 AF	· ·
Tallah	assee, Fl. 32301			2023 APR 10 AM 10: 06	و احداد اعداد
	City/State and Zip Co	đe	——————————————————————————————————————	. A	- - -
ra@zc	enbusiness.com	्र _ा , <u>ज</u> ्	, . =	**************************************	
Ī	E-mail address: (to be used for future	annual report not	ification)	90	
For fu	rther information concerning this ma	tter, please call:			
Micha	el Serrano	844 at (493-6249		
	Name of Person		Area Code & Daytime Telephone Numb	er	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ving amount:			
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

L. Na	ame of the limited liability company: Birch E	<u>Baby</u>	Cle	othing	<u>LLC</u>				
2. (a)	211 HEATHERWOOD COURT	LL HEAT	ATHERWOOD COURT						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(b) <u>_</u>]	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	ORMOND BEACH, FL 32174 UN	RMOND	BEACH, FL 32	174 UN		-			
		_	_						
	08/01/2022		1.2	20003381	164				
3.	Date of filing/registration in Florida	4.	-		Document num	iber			
5. (a)	HELTON, KRISTINA								
J. (u)	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)			_				
	211 HEATHERWOOD COURT								
	Registered Office Address (ST BE FLORIDA STREET ADDRES:	_	. 77:	2023					
	Ormond Beach , FL	321	74	-	- <u>***</u> - <u>***</u>		2023 AFR 10	1.6	
(b)	ZenBusiness Inc	- 2.) (7)						
	Enter name of NEW Registered Agent and/or NEW Registered		===						
	336 E. College Ave. Suite 301					<u> </u>	AH 10: 06		
	NEW Registered Office Address:	-							
	Tallahassee , FL	32	301		_				
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of f the li	red o comp mite	office and any, it is d liability	d the business o s hereby confirn y company or as	ffice of th	e regist	ered ee(s)	
	ie Isl Kristina Danielle Helton			Kristina Danielle Helton					
I here provis the ob- to mer notifie	that denity	ee to a perfori I for in vereby	et in nanc Cha confi	this capa e of my a pter 605 rm that i	Printed or typed nacity. I further of duties, and I am i, F.S. Or, if this the limited liabi	aoree to c	omnlvs	with the d accept ng filed been	
Signati	ire of Registered Agent								