Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000269892 3)))



H220002698923ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:___

LLC REGISTERED AGENT CHANGE WARDROBE BLVD LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

WAR I O SOSS K. Brumble)

an II: 36

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.

| INE | ame of the limited liability company: Wardrob | | |
|----------------------------|--|--|--|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | 08/05/22 | L220 | 000344968 |
| | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | LEGALCORP SOLUTIONS, LLC | | |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. of ! | State · |
| | 3440 W HOLLYWOOD BLVD. SUITE 415 | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | <u> </u> |
| | HOLLYWOOD, FI | 33021 | 202 |
| | Registered Agents Inc. | | 2022 AUG SECRETA FALL AHA |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office address: | - SSE |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | | — ORII |
| | STE 300 | | |
| | St. Petersburg | 33702 | |
| cha ent v s/w art | imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the registered of iability company, of the limited liab inited liability of the limited liability of the liabili | Tice and the business office of the register it is hereby confirmed that the change(s) oility company or as otherwise provided in company. |
| lions | Rilling Tark sture of a member or authorized representative of a member | | Printed or typed name of signee |
| ore | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I | ree to act in this of performance of t | capacity. I further agree to comply with t |