12/7/23, 2:45 PM

Division of Corporations

## Elorida Department of State Division of Elegations Elegation of Elegation Sheet

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.

(((H23000418554 3)))



H230004185543ABC%

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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	 	
ובשתב	Address:		

## LLC REGISTERED AGENT CHANGE ALLFABULOUSBEAUTY LLC

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

DEBYETTE OF STATE OF

Electronic Filing Menu

Corporate Filing Menu

Help

## 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	me of the limited liability company: AllfabulousBe	auty LLC		
?. (a)	1230 NE 12Th Ave		))	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami,Florida (US)33161			· · · · · · · · · · · · · · · · · · ·
	9/20/2022 12:00:00 AM		L22000410	0968
	Date of filing/registration in Florida	4.		Document number
. (a)				
. ()	Registered Agent and Registered Office shown on the records LEGALINC CORPORATE SERVICES INC.	of the Florida	Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u>ī</u>	
	Jacksonville	FL_32202		_
				r~3
(b)	Enter name of NEW Registered Agent and/or NEW Registe	and Office and		_
	Enter name of NEW Registered Agent and/or NEW Registe	rea Omee sa	<u>urem</u> :	
	Corporate Creations Network Inc.			
	NEW Registered Office Address:	_		_
	801 US Highway I			
				<del>-</del> 5
	North Palm Beach	FL_33408		_ ১ ন
hange igent v vas/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the case.	the registere Hiability co rs of the lim	ed office ar impany, it iited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Dan	ielle W. Go	ssman, Special Manager
-	ture of a member or authorized representative of a member			Printed or typed name of signee
he obi o mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	agree to act ele performa ided for in ( I hereby co	in this cap ance of my Shapter 60 onfirm that	pacity. I further agree to comply with the eduties, and I am familiar with and accept 5, F.S. Or, if this document is being filed t the limited liability company has been
۰۰. ۲۰		Joseph 1	Panholzer	, Special Secretary
Signati	of Registered Agent			
/··	Division of Corporations P.C	) Bov 637	7a Tollak	arcoo Fi 17314