Division of Corporations

Florida Department of State Division of Corporation

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Division of Corporations

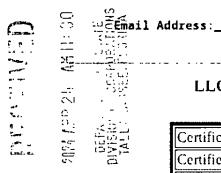
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (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 LID RIDS HAIR CO, LLC

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APR 25 2024

4/24/2024 06:54:33 PDT _ To: 18506176383 Page: 2/2 Fax: 8134365206

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.

1. N	ame of the limited liability company: LID RIDS HAIR C	O, LLC	
2. (a)		(b)	
_ , , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/07/2022	_	00432981
3.	Date of filing/registration in Florida	4.	Document number
5. (a		AL - Cl I. D	
	Registered Agent and Registered Office shown on the records of	the Fiorida Dept.	. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	(DDESS)	<u> </u>
		<u>ADDKESS)</u>	
	390 NORTH ORANGE AVE., STE 2300-N		
	ORLANDO FL	32801	
	Registered Agents Inc		202
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Offian address:	2021 APR
	Enter name of NEW Registered Agent and/or NEW Registered	Office address.	P
	7901 4th St N		2 - :
	NEW Registered Office Address:		P:
	STE 300		N
	St. Petersburg	33702	- -
the chagent was/v the ar Sign I heroprovi, the old to me	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member or authorized representative of a member of all statutes relative to the proper and complete sions of all statutes relative to the proper and complete religious of my position as registered agent as provide rely reflect a change in the registered office address. I say in writing of this change. David Roberts Assistant S	f the registered ability compared the limited liabil Robin Jon ree to act in the performance of for in Chaphereby confirmation and the performance of the performance	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signee are comply with the

Signature of Registered Agent