Florida Department of State

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Division of Corporations

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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.

발표되다 Address:

LLC REGISTERED AGENT CHANGE BERNIES MOBILE DETAILING SPA LLC

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CEC 1 3 2023

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: Bernies Mobile De	etailing S	pa LLC	
2. (a)	4313 S Florida Ave	(l	o)	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lakeland,Florida (US)33803			
				·
	10/14/2022 12:00:00 AM	_	L220004437	06
 (a) 	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
. (-	Registered Agent and Registered Office shown on the records of t 476 Riverside Ave.	he Florida	a Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-
	Jacksonville , FL	32202		2023
(b)	Corporate Creations Network Inc.	_		23 DEC
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	8 7
	801 US Highway I			
	NEW Registered Office Address:			2: 55
	North Palm Beach , FL	33408		
chang agent was/v	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization on the operating agreement of the	registere bility co f the lin limited l	ed office and empany, it is sited liability liability com	I the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member of authorized representative of a member		1010 17 . C1033	Printed or typed name of signee
I here provis the ob to me	eby accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change.	ee to act perform I for in C creby co	in this cape ance of my a Chapter 605 onfirm that i	icity. I further garee to comply with the
	Ure of Registered Agent	Gossm	an, Special	Secretary