Florida Department of States

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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

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LLC REGISTERED AGENT CHANGE WAXEDLIFEE LLC

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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: WAXEDLIFE	E LLC			
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		10/18/2022 Date of filing/registration in Florida	- - 4.		47526 Document number	
5.	(a)	IPINCE, ASHLY V Registered Agent and Registered Office shown on the records of	ha Clasid	- Dani of State		
		10801 SW 109TH CT	ine Floria	a Dept. of State		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		D204				
		MIAMI , FL	3317	6		
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	2023 JUN -	
		7901 4th St N			-	
		<u>NEW</u> Registered Office Address:				
		STE 300			2 : no	
		St. Petersburg , FL	3370	2		
the ag wa the	ent v ent v is/wi e arti 2	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the formula in the formula i	the regi ability c of the lin limited	istered office ompany, it is nited liability	eand the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
I i pri the	herei ovisi obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to ac perform d for in hereby c	t in this cape nance of my o Chapter 605 confirm that i	acity. I further garee to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

David Roberts - Assistant Secretary

Signature of Registered Agent