Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

B@ail Address:

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.

LLC REGISTERED AGENT CHANGE **EAZYSHINE DETAILING LLC**

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

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: EazyShine Detaili	ng LLC 				
2. (a)	531 SW 5th Ave	(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			g address of limited l		
	Delray Beach,Florida (US)33444		<u> </u>	-	. -	
	10/24/2022 12:00:00 AM	1.2	2000456141			
3.	Date of filing/registration in Florida	4.	Docu	ument number		
5. (a	LEGALING CORPORATE SERVICES INC.					
<i>5.</i> (a	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida D	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
	Jacksonville , FL	32202	· · · · · ·	35	2023 DEC	
.1 \	Corporate Creations Network Inc.			•)H	2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u> </u>	•	· 6	三字
	801 US Highway 1				PM	
	NEW Registered Office Address:				3: 47	
	North Palm Beach, FL					
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lievere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	registered ability comp of the limite	office and the pany, it is here d liability con	business office or by confirmed that apany or as other	f the regist it the chang	ered ge(s)
				Special Manager		
I here provision the old to me	ature of a member or authorized representative of a member why accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.	ee to act in performand d for in Cha hereby conf	this capacity.	ted or typed name of: I further agree ts, and I am famili. Or, if this documited liability con	o comply v	with the I accept ny filed been
	ure of Registered Agent Danielle C	Gossman, I	Special Secre	etary		