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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 TALLAHASSEE FLORING

LUZINED

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## LLC REGISTERED AGENT CHANGE AWESOME JEWELER ONLINE LLC

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K. SALY

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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.

. No	ame of the limited liability company: AWESOME JEW	ELER ONLINE LL	_C
. (a)	7901 4TH ST N	(b) 7901 4T	TH ST N
( ,	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiability company: <u>(Note: MAY BE POST OFFICE BOX)</u>
	STE 300	STE 300	)
	ST. PETERSBURG, FL 33702	ST. PET	ERSBURG, FL 33702
	10/28/2022	L2200046	64146
	Date of filing/registration in Florida	4.	Document number
(a)	LA SULTANA SKIN AND BODY WAX LLC		
. (4)	Registered Agent and Registered Office shown on the records of t	ne Florida Dept, of Sta	7 23
	Registered Office Address	DDRESS)	TALLAHASSEE.
	SAINT PETERSBURG .FL	33603	ASS.
(b)	REGISTERED AGENTS INC  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ADEC 18 PH 4: 05 ALLAHASSEE. FLORIO
	7901 4TH ST N		<u> </u>
	NEW Registered Office Address		<del></del>
	STE 300		<b></b>
	ST. PETERSBURG . FI.	33702	_
aange gent v as/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the laws.	registered office a pility company, it The limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signal	ure of a member or authorized representative of a member		Printed or typed name of signee
herel ovisi e obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act in this cap performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept
Hiteo	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.  **Constant Complete: David Roberts	ereby confirm that	o, r.s. Or, y mis tacument is being fred the limited liability company has been