## L22000465113

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HEATHUZ MAHAN  Name of Person	
LUXE COLOUT LIC Firm/Company	
2335 South Fast Federal Highwarf	
Studie and Zip Code  City/State and Zip Code	
Vanilasky 370 VIAItoo, Con (E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
149 AT I HOLL IN A HAN at (772) 475 - 6407  Name of Person Area Code & Daytime Telephone Number	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	
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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.

1. Name of the limited liability company: $AUVE \land OIOUT \ LLC$
2. (a) 7575 SAN FAST REPORT HIGH WALL (b) 3H SUT ORTH SHORE BIVD. POINTS (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX) 3498
SWart Ll. 34994
3. Date of filing/registration in Florida  5. (a) Zeh bis in Est Int.  4. Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TOUTUNGS EL , FL 32301  (b) HEATHGR WALLAND  Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:  Stuart
, FL 34994
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  A THE THE LIGHT HAVE A Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect to change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent

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