## 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

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l Address:\_

## LLC REGISTERED AGENT CHANGE LOS APPAREL 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.	Na	ime of the limited liability company: LOS APPAREL I	J.C	
2	(a)	1700 Crestwood et s apt 1719		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Royal Palm Beach,Florida (US)33411		
		11/15/2022 12:00:00 AM		22000488073
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	LEGALINC CORPORATE SERVICES INC.		
		Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET)		
		Jacksonville FI	32202	2023 DEC
	(b)	Corporate Creations Network Inc.		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		1000,
		801 US Highway 1		PH :
		NEW Registered Office Address:		22
		North Palm Beach	33408	
cha age wa	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability com of the limit limited lia	l office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Signal	ture of a member of authorized representative of a member		Printed or typed name of signee
II  pre the to no	ierei ovisi obl mere tifie	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 by reflect a change in the registered office address, I is tin writing of this change.	performand for in Ch hereby con	nce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been
		Danielle G	Sossman,	Special Secretary
Si	gnatu	re of Registered Agent		