Florida Department of Soute Division of Corporations

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Division of Corporations

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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 SOULMATE DESIGNS 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.

ŀ.	Name of the limited liability company: SOULMATE DESIGNS LLC				
2. (a)		(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
7		12/05/2022		22000510732	
3.		Date of filing/registration in Florida	4.	Document number	
5. ((a)	LEGALING CORPORATE SERVICES INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		pt. of State:	
		JACKSONVILLE , FL.	32202		
(1		Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered of 7901 4th St N NEW Registered Office Address:	Office address	2023 APR 28 PH 2:	
		STE 300		 	
		St. Petersburg . FL	33702		
the cagen was/ the a	diar it w wei irtic	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the law to the law of a member or authorized representative of a member.	the registere bility compa the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Ulability company or as otherwise provided in dity company.	
Sig	nati	are of a member or authorized representative of a member		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 a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

David Secretary Signature of Registered Agent