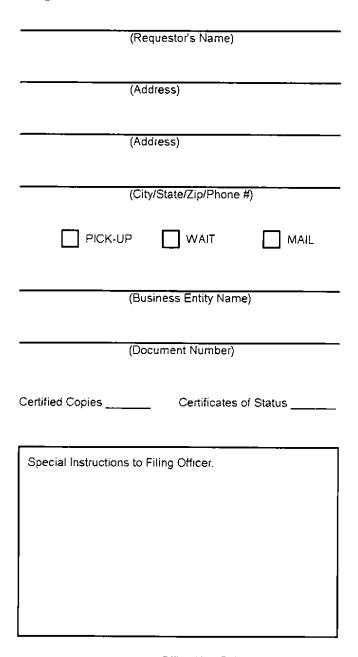
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ECT: Happiest. Selling	J.L.	bility Company				
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Office Chan	ge and fo	e(s) are submitted for filing.				
Please	return all correspondence concerning this matter	to the fo	ollowing:				
Eri	Name of Person		_				
_	Firm/Company		_				
175	on Country Ct, Address	~~	_				
Eu	SHO, Fl 3272Le City/State and Zip Code		_				
<u>Nac</u> E-	piest of Selling Quan	∞ · C(DM ation)				
For furt	her information concerning this matter, please ca	all:					
Evic	Name of Person) 408-8431 Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount:	:					
`	\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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	une of the limited liability company: Happie	<u>st.</u>	Sellir	19, LL	.C		
า				o)	•			
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\t	М	~	Timited liability con		
		17 Son Country Ct	_	1750	n Cour	itry Ct		
		EUSHS, F1 32726		Evoti	15,4	30706		
		December 13, 2022						
3.		Date of filing/registration in Florida	4.	I	Document nun	nber		
	(a)	Registered Agent and Registered Office shown on the records of the Trevor Row Ley Registered Office Address MUST BE FLORIDA STREET A 390 North Orange Av Orlando FL	DDRESS	OTE 23		2023 DEC 1 Secreta Tallah		
	(b)	Erica Wishiewski NEW Registered Office Address: 17 Sun Country Ct	Office ad	ldress:		I PM 12: 21 RY OF STATE ASSEE, FL	m	
		Eustis . FL	3a.	726				
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. Signature of a member or authorized representative of a member 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. I hereby confirm that the limited liability company has been notified in writing of this change.								

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

Signature of Registered Agent