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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE 2BABY LLC

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M. SOLOMON

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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.

2. (a)	5526 Lakewood circle south	(b) 5526 Lakewood circle south					
	Principal office address of limited liability company: (Note; MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Margate, Florida 33063	_	Margate	:, Florida 33063			
	12/13/2022 12:00:00 AM		L2200052	22912			
	Date of filing/registration in Florida	4.		Document number			
(a)	LEGALINC CORPORATE SERVICES INC.						
(a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of S	tale:			
	476 Riverside Ave.						
	Registered Office Address (MUST RE FLORIDA STREET	ADDRES.	<u> </u>		202		
					<u></u>		
	Jacksonville	32202	· ·		2029 DEC 21		
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(b)	Corporate Creations Network Inc.				· , 🗲		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:		3 [A]E 3 [A]E 3 4.5		
	801 US Highway I				्रीण केंग		
	NEW Registered Office Address:	<u> </u>					
	North Palm Beach	33408		_			
	, F1	-					
iange gent w as/we	imited liability company is not organized under the later created are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members cles of organization or the operating agreement of the	register ability co of the lin	ed office a impany, it iited liabi	and the business office on this hereby confirmed that lity company or as other	of the registered at the change(s)		
	Kristen Espinales	Kri	sten Espina	iles, Attorney-in-Fact			
Signat	ure of a member or authorized representative of a member			Printed or typed name of	signee		
rovisi e obli mere	by accept the appointment as registered agent and age 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 I'in writing of this change.	ree to ac perform d for in t hereby c	in this ca ance of m Chapter 6 onfirm tha	ipacity. I further agree y duties, and I am famil. 05, F.S. Or, if this docu it the limited liability co	to comply with the iar with and accep ment is being filed mpany has been		
	Kristen Espinales Kristen Espinales, Special Secretary						