## L23000019161

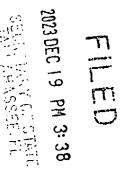
(Requestor's Name)				
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Royal Divine Creations, LLC			
SUBJECT.	Name of Limited Liability Company			
Dear Sir or N	Aadam:			
The enclosed	I Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to the	following:	
Susan Annett	e Hayward			
	Name of Person	<del></del>	- <del>-</del>	
Royal Divine	Creations, LLC			
	Finn/Company			
P.O. BOX 11	752			
	Address		<del></del>	
Jacksonville,	FL 32239			
***	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_	
•	eations@gmail.com			
E-mail	address: (to be used for future a	nnual report notif	ication)	
For further in	nformation concerning this matte	er, please call:		
Susan A. Hay	ward	904 at (	520-1252	
	Name of Person	(	Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	losed is a check for the following	ng amount:		
<b>S</b>	25 Filing Fee	<b>□</b> \$:	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.

. N	ame of the limited liability company:  Royal Divine Cr		
l. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	7707 Merrill Rd Suite 11752		P.O. Box 11752
	Jacksonville, FL 32239		Jacksonville, Florida 32239
	ป1/09/2023		L23000019161
	Date of filing/registration in Florida	— <sub>4.</sub> -	Document number
, (a)	Susan A. Hayward		
, (,	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	
	6034 Regiment Drive		
	Jacksonville , F	32239 L	FILED 2023 DEC 19 PM 3: 38 TAIL AHASSEE, FL
(b)	Enter name of NEW Registered Agent and/or NEW Registere	a () ec a.	
	Enter name of NEW Registered Agent and/or NEW Registere	d Utilce add	mess:
			FATE 38
	NEW Registered Office Address:		·
	6034 Regiment Drive		
	Jacksonville	L 32277	
hang gent vas/w he ar	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last end authorized by an affirmative vote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of a member of a statutes relative to the proper and complete lightions of my position as registered agent as provided for reflect a change in the registered office address.	e registere iability cor of the limited li	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.  Printed or typed name of signce