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Division of Corporations Fax Number . (850)6:7-6383

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Account Name: REGISTERED AGENTS INC Account Number : 120090000081

Phone : (307)200-2803 Fax Number (855)330-1010

> **Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.**

> Email Address:_

LLC REGISTERED AGENT CHANGE YOUR LOTUS LIFESTYLE & WELLNESS, LLC

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FEB 0 3 2023

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.

Principal office address of limited liability of Nate: MUST BE STREET ADDRE	company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
01/24/23		23000044737
Date of filing/registration in Flor		Document number
DIDZADA MUSTAFA	.,	
Registered Agent and Registered Office shown on t	the records of the Florida De	ept. of State.
4700 NW 2ND AVENUE		
Registered Office Address (MUST BE FLORII) SUITE 101	<u>DA STREET ADDRESS)</u>	2023
BOCA RATON	FL 33431	: :
Northwest Registered A		- 2 E
Enter name of NEW Registered Agent and/or NE		
7901 4th St N		P#12: 14
NEW Registered Office Address STE 300		
St. Petersburg	, FL 33702	
change or changes are made, the Florida street nt will be identical. Or, in the case of a Florid	t address of the register la limited liability com- tembers of the limite	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in pility company.
	1/	Nat Smith
WINT SWATT	1/	

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent