Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

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

| Œmail | Address | : |
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| | | |

LLC REGISTERED AGENT CHANGE SHE TRAINS WOMEN LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

K. SALY

FEB 27 2024

Electronic Filing Menu

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Help

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. | Name of the limited liability company: She Trains Wom | en LLC | | | |
|-------------------------|--|--|--|--|--|
| 2. (a | 1110 SW 125 Ave, Apt M309 | (b) | (b) 1110 SW 125 Ave, Apt M309 | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Pembroke Pines, FL 33027 | | Pembroke Pines, FL 33027 | | |
| | 02/06/2023 | 1.2 | 23000066914 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a | LEGALING CORPORATE SERVICES INC. | | | | |
| J. (| Registered Agent and Registered Office shown on the records of | the Florida De | ept. of State: | | |
| | 476 Riverside Ave. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | |
| | | | 202 TÃ | | |
| | Jacksonville, FI | 32202 | PILL PHORE TALLAH ASSET FI | | |
| (b | Corporate Creations Network Inc | | FEB 26 PH 3: 49 LAHASSEF/FLORID | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office addre | # | | |
| | 801 US Highway I | | FLORID | | |
| | NEW Registered Office Address: | | - | | |
| | North Palm Beach FI | 33408 | | | |
| chan; agent was/ | Elimited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered of ability composition of the limite | office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | | |
| | Kristen Espinales | | Kristen Espinales, Attorney-in-Fact | | |
| | nature of a member or authorized representative of a member | | Printed or typed name of signee | | |
| provi the o to me | reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ded in writing of this change. | ree to act in performane d for in Cha hereby conf | this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been | | |
| | Kritten Frankler Kristen Espinales, Special Secretary | | | | |

Signature of Registered Agent