Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

*E<u>nteri</u>the email address for this business entity to be used for future 📆 annual report mailings. Enter only one email address please.**

Email	Address	:.
호플릭		

LLC REGISTERED AGENT CHANGE **HEALING CURLS LLC**

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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. Healing Curls LLC Name of the limited liability company: Principal office address of limited liability company; Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 03/06/2023 L23000117637 Date of filing/registration in Florida 3. Document number LONGA-THOMAS, DESTINY M Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2808 Northeast 33rd Court Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Apt.110 Fort Lauderdale Registered Agents Inc. (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N NEW Registered Office Address: **STE 300** St. Petersburg 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

David Roberts

Robin Jones Printed or typed name of signee

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 effect a change in the registered office address, I hereby confirm that the limited liability company has been not be defined in writing of this change.

Assistant Secretary

Signature of Registered Agent