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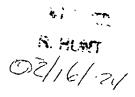
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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Sebastian Wish Brand La Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Whight Name of Person
Schastian Brand LLC Firm/Company
2243 Blue Salvia Street
Clermont, FL 34711
Sessin 1976 C. Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sime\$ \$55 Filing Fee & Certified Copy
INHS(8 (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.

1. Na	me of the limited liability company: Sebastian Wright Brand LLC
2. (a)	(b)
4. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	2243 Blue Salvia Street 2243 Blue Salvia Str
	Clerment, Fl 39/11 Clerment, Fl 39/11
	3/12/2024 23000133487
3	Bate of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	476 Riverside AVC
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Jacksony: 14 FL 32202
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2243 Blue Salva Street
	NEW Registered Office Address:
	:. 5
	<u>Clarment</u> .FL 34.7/1
change agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the corchanges are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member Chris Ulisat Printed or typed name of signee
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept ligations of any position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a rhunge in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.