Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE NAFISSA EXOTICWEAR LLC

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K. Brumble)

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	ame of the limited liability company: Nafissa Exoticu	xoticwear LLC				
2.	(a)	13300 SOUTH CLEVELAND AVE		(b) 13300 SOUTH CLEVELAND AVE			
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		SUITE 56 #857			SUITE 56 #857		
		FT. MYERS. FL 33907			FT. MYEF	RS, FL 33907	
		05/01/2024		ı	L230001586	632	
3.		Date of filing/registration in Florida	4.	-		Document number	
5.	(a)	LEGALINC CORPORATE SERVICES INC.					
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 476 RIVERSIDE AVE.					
		Registered Office Address (MUST BE FLORIDA STREE	T ADDR.	ESS)		•	
		JACKSONVILLE , F	3220.	2		-	
	(b)	Corporate Creations Network Inc.				2024 Há í -	
		Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	ress:		
		801 US Highway I				- ···.	
		NEW Registered Office Address:				- T	
						- <u>.</u>	
		North Palm Beach, F	L	8		-	
cha age was	nge nt w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regist liability s of the se limite	tered cor limited lia	d office and npany, it is ted liability ability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
<u>_</u> S	Enat	stralla / avaraz	- t	SITC	на гнувгех,	Attorney-in-Fact Printed or typed name of signee	
I h pro the to n	erel visio obli nere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing ignitions of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	e pertoi	rmai	nce of my a	acity. I further agree to comply with the duties, and I am lamiliar with and accept	

Signature of Registered Agony

strella Tavarez Estrella Tavarez, Special Secretary