Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE TOO PRETTY CLOSET LLC

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K. Brumbley

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. 8	Too Pretty Closet anne of the limited liability company:	LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	03/31/23 Date of filing/registration in Florida		Document number
J.	ZENBUSINESS INC.	.,	
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dent, o	t'State:
	336 E, COLLEGE AVE.	me i ioi ioii Depi. o	
	Registered Office Address	ADDRESSI	
	SUITE 301	<u>to creaty</u>	
	TALLAHASSEE	32301	~
(b)	Registered Agents Inc		2024 APR - 8
	7901 4th St N		
	NEW Registered Office Address:		<u></u>
	STE 300		
	St. Petersburg , FI.	33702	
the chagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of ability company of the limited lie	office and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in () company.
Sign	Conference for authorized representative of a member		Printed or typed name of signee
I her provi the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change. David Roberts - Assistant Se	performance o, d for in Chapte, hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent