Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000161115 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone 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.**

Email Address:

LLC REGISTERED AGENT CHANGE LAVISH APPAREL L.L.C.

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

Electronic Filing Menu Corporate Filing Menu

Help

13X 02 2024 K. Brumbley

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.

N	ame of the limited liability company: LAVISH APPA	REL L.	L.C.	
(a)	528 NW 3RD AVENUE		(b)	528 NW 3RD AVENUE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOMESTEAD, FL 33030			HOMESTEAD, FL 33030
	05/02/2024		l	L23000184626
	Date of filing/registration in Florida	4.	_	Document number
(a)	LEGALINC CORPORATE SERVICES INC.			
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	f the Flo	rida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	(ADDR	ESS)	
	JACKSONVILLE F	L_3220	2	2024
	Corporate Creations Network Inc.			2024 RAY -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office	add	dress:
	801 US Highway 1			
	NEW Registered Office Address:			: 17
	North Palm Beach	L_3340	3	
iango gent v as/w	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited less authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the	erec cor limi	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided it
	Strella Tavarez	F	stre	ella Tavarez, Attorney-in-Fact
Signa	ture of a member or authorized representative of a member	_		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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agenty