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

\*Enter the email address for this business entity to be used for future 🔀 📆 nual report mailings. Enter only one email address please.\*\*

₹ Email Address:

LLC REGISTERED AGENT CHANGE SENSATIONAL CANDLESBYNAE LLC

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To: 18506176383

## 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. 1	Name of the limited liability company:	CANDLESBYNAE	LLC
2. (a	)	(b)	
·	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)
	04/19/2023		193360
3.	Date of filing/registration in Florida	— <u></u>	Document number
	DODEDTO DAVID	- <b></b>	Document number
5. (a	Registered Agent and Registered Office shown on the records of	disha Clanda Dani a	CO
	7901 4TH ST N	ir the Florida Dept. 6	i State:
	Registered Office Address (MUST BE FLORIDA STREET	r annaever	<del></del>
	STE 300	ADDRESSY	
	ST. PETERSBURG	L_33702	
/ <del>1</del> - )	Registered Agents Inc		72.55 <b>3</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
			APPRO FILI CRETAIN LAHASS
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		PH 72: 04  OF ST ATT  EE, FLORIT
	St. Petersburg	L 33702	• -
agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the uture of a member or authorized tepresentative of a number	f the registered o lability company, of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  David Roberts - Assistant S	e performance of ed for in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
$\sim$	// // // // // // // // // // // //		

Signature of Registered Agent