L23000196364

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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2024 MAY 29 PM 2: 58

DECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: The Pretty Girls Kloset L Name of Limited Liability C	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	3.					
Destiny Jones Name of Person						
The Pretty Gids Kloset LLC Firm/Company						
10473 Convoy Rd. Apt 816						
Orlando, FL 32835 City/State and Zip Code						
Destiny tones gmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (689) L	144 - 1999 Code & Daytime Telephone Number					
Registration SectionRegisDivision of CorporationsDivisP.O. Box 6327The CTallahassee, FL 323142415	t Address: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303					

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

🖎 \$25 Filing Fee

Enclosed is a check for the following amount:

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.

	CALLER AND THE AND	ال ه اجاد	Vissal	110	
	ne of the limited liability company: The Pre-				ds Dr
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	•	Mailing address o	of limited liability cor BE POST OFFICE B	npany:
	Apt. 203 Orlando, PL 32839	_Apt_	203	Orlando	, FL
-	3 2839	32	1839		
_	May 17, 2024 Date of filing/registration in Florida		300019		
3.		4. Agant ING	Document nu	mber	
5. (a) <u> </u>	United States Corporation egistered Agent and Registered Office shown on the records of the control of the cont	he Florida Dept. of Sta	∠ ite;		
 R	HTIO DIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREETA	DDRESS)	_		
_				2024 51. TAL	
_	Jacksonville .FL	32202	_	124 HAY 29 SLUBETARY ALLAHASS	<u> </u>
(b)	Destiny Jones		_	ر س کی آسا	m
E	inter name of NEW Registered Agent and/or NEW Registered	Office address:		PM 2: OF STA	O
<u>]</u> N	10473 Conroy Rd. Apt 814 NEW Registered Office Address:	2		58 RIDA	
_		<u>.</u>	_		
	Orlando .fl	3 <i>2</i> 835			
If the lim	nited liability company is not organized under the law	s of the State of F	— lorida, it is here	eby confirmed the	nt after the
agent wil	or changes are made, the Florida street address of the self be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	bility company, it	is hereby confir	rmed that the cha	nge(s)
	es of organization or the operating agreement of the l	limited liability con	mpany.	-	
_	re of a member of authorized representative of a member		Printed or typed		
provisión	caccept the appointment as registered agent and agrous of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I h	performance of my	duties, and Lai	m Tamiliar with a	ind accept
notified i	y reflect a change in the registered office address, I h in writinglof this change.	ereny conjirm thal	ine iimilea iial	чицу сотрану на	is oven
Signature	of Registered Agent				