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Division of Corporations

Fax Number : (850)617-6383

From:

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

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future So annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MY WREATHISH STUDIO LLC

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K. SALY

MAY 1 6 2024

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.

| 2. (a) | 1617 Benitez Street | (b) ^M | (b) My Wreathish Studio LLC | | |
|-----------------------------|--|-------------------------------------|---|---|--|
| () | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) | (0)_ | Mailing address o | of limited liability company: The POST OFFICE BOX) | |
| | Lady Lake, FL 32159 | La | dy Lake, FL 32159 | | |
| | 05/10/2023 | L23 | 000231472 | | |
| 3. 5. (a) | Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC. | 4. | Document nu | mber | |
| ~. (u) | Registered Agent and Registered Office shown on the records of 476 Riverside Ave. | fthe Florida De | or, of State: | 7 28 | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | FILEU 2: 30 PH 2: 30 PLEUMAN 15 PH 2: 30 | |
| | Jacksonville F | L_32202 | | 15 PA | |
| (b) | Corporate Creations Network Inc. | | FLUIT | | |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office addres | <u>\$</u> : | 10 m | |
| | 801 US Highway I | | | | |
| | NEW Registered Office Address: | | | | |
| | North Palm Beach , F | 33408 | | | |
| change agent v was/wo | imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | registered o ability composition | ffice and the business my, it is hereby confir liability company or a | office of the registered med that the change(s) | |
| | Kristen Espinales | | Espinales, Attorney-in-F | act | |
| Signal | ure 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.

Kristen Espinales Kristen Espinales, Special Secretary

Signature of Registered Agent