

L23 000 242087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

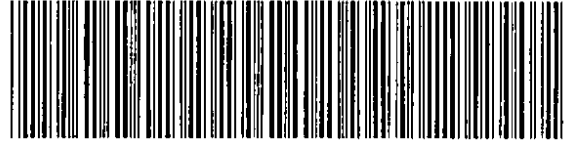
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

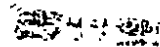
Office Use Only



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2023 JUL 17 PM 2:44  
CLERK OF STATE  
TALLAHASSEE, FL



R. HUNT

07/17/23

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lashes by Kennedi LLC  
Name of Limited Liability 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:

Michael Serrano  
Name of Person  
ZenBusiness Inc.  
Firm/Company  
336 E. College Ave. Suite 301  
Address  
Tallahassee, FL 32301  
City/State and Zip Code

ra@zenbusiness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano at ( 844 ) 493-6249  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee  \$55 Filing Fee & Certified Copy

2013 JUN 17 PM 2:44  
STATE OF FLORIDA  
TALLAHASSEE, FL  
ED

**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. Name of the limited liability company: Lashes by Kennedy LLC

2. (a) 1150 NW 72ND AVE TOWER I STE 455 #10804 (b) 1150 NW 72ND AVE TOWER I STE 455 #10804  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33126

MIAMI, FL 33126

05/17/2023

1.23000242087

3. Date of filing/registration in Florida 4. Document number

5. (a) REPUBLIC REGISTERED AGENT LLC  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1150 NW 72ND AVE TOWER I STE 455

Registered Office Address (ST BE FLORIDA STREET ADDRESS)

Miami, FL 33126

(b) ZenBusiness Inc  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

336 E. College Ave. Suite 301

NEW Registered Office Address:

Tallahassee, FL 32301

2023 JUN 17 PM 2:44  
 STATE OF FLORIDA  
 TALLAHASSEE, FL  
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Isl Kennedy Lynn Smith

Kennedi Lynn Smith

Signature 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*

*Isl Kennedy Lynn Smith*

Signature of Registered Agent