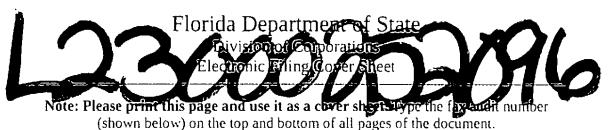
Division of Corporations



(((H24000001943 3)))



H240000019433ABCX

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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 annual report mailings. Enter only one email address please.

<u> Email</u> Address:_

LLC REGISTERED AGENT CHANGE SAVISH SUNGLASS OUTLET, LLC

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T. LEMIEUX

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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	Savish Sunglas	SS OUTLET, LLC	
2. (a		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/22/23	L230002520	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)) INNOCENT, STEPHANIE		
	Registered Agent and Registered Office shown on the records of the 2598 E SUNRISE BLVD		
	Registered Office Address IMUST BE FLORIDA STREET A	DDRESS)	-
	SUITE 2104		ည်း
	FORT LAUDERDALE FL	33304	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	
	NEW Registered Office Address:		-
	STE 300		_
	St. Petersburg , FL	33702 	_
the el agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of ticles of organization or the operating agreement of the limited accordance.	the registered offic bility company, it i I the limited liabilit	c and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Sigi	ature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change of this change. The David Roberts - Assistant Section 1.	performance of my for in Chapter 60, ereby confirm that	pacity. I further agree to comply with the
	ore of Registered Agent	-	