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Division of Corporations
Fax Number : (850)617-6383

From:

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

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LLC REGISTERED AGENT CHANGE LILBIT OF BEAUTY LLC

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K. SALY

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. N	ame of the limited liability company: LilBit Of Beauty I	LLC				
2. (a)	1050 Mercy Drive Ant 400		(b) 1050 Mer	cy Drive Apt 400	0	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	_	f limited liability compar E POST OFFICE BOX	•
	Orlando, FL 32808		Orlando, I	FL 32808		
	05/30/2023		L23000262	741		
3.	Date of filing/registration in Florida	4.		Document nur	mber	
5. (a)	LEGALINC CORPORATE SERVICES INC.					
J. (u)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of Sta	te:		
	476 Riverside Ave.					
	Registered Office Address (MUST RE FLORIDA STREET)	1DDR	ESS)	_		
					20	
	Jacksonville , FL	3220	2		2024 JUN 12 SECKETARS TALLAHASS	FI
ַ (ם)	Corporate Creations Network Inc.			_		L
	Enter name of NEW Registered Agent and/or NEW Registered	Offic	address:		<u> </u>	
	801 US Highway I				PM 2: 01 EFT FLORID	
	NEW Registered Office Address:			_		
	North Palm Beach . FL	3340	8	_		
change agent was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	vs of regis ibility f the	the State of FI tered office an company, it i limited liabilit	nd the business of shereby confirming to the second of the	office of the register med that the change	ed (s)
	Kristen Espinales	I	Cristen Espinale	es, Attorney-in-Fa	act	
Signa	ture of a member or authorized representative of a member	_		Printed or typed	name of signee	
provis the ob to mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to perfo. l for t tereby	act in this cap rmance of my n Chapter 602 r confirm that	acity. I further duties, and I an 5, F.S. Or, if the the limited liab	agree to comply wit n familiar with and c is document is being ility company has be	th the accept filed een
	Kristen Espinales Kristen Espinales, Special Secretary					

Signature of Registered Agent