L 23000286250

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

	gistration Section vision of Corporations		
SUBJECT	NYCGirl LLC		
		lame of Limite	d Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to	the following:
Lisa Carro	II		
	Name of Person		
NYCGirl LI	LC		
	Firm/Company		
1032 E. Br	andon Blvd #3362		
	Address		
Brandon. F	FL 33511		
	City/State and Zip Code	2	
nycgirlcons	sulting@gmail.com		
E-ma	il address: (to be used for future a	innual report n	otification)
For further	information concerning this matt	er, please call:	
Lisa Carrol	II	334 at (221-2517
	Name of Person	(Area Code & Daytime Telephone Number
Re	ailing Address: gistration Section		Street Address: Registration Section
P.C	vision of Corporations D. Box 6327 Hahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
x /	closed is a check for the followi	ng amount:	
A):	\$25 Filing Fee	ee	

INHS18 (2/14)

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.

. Na	me of the limited liability company: NYCGirl LLC		
. (a)		(b)	4
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th Street N Suite 300		
	St. Petersburg, FL 33702		
	Jun 13, 2023	L	_23000286250
	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agents Inc.		
()	Registered Agent and Registered Office shown on the records of t	the Florida D	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)	
	7901 4th Street N Suite 300		
	St. Petersburg, FI.	33702	2024 MAR 14
(b)	Virtual Post Solutions, Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	PH 12: 22
	NEW Registered Office Address:		
	1032 E Brandon Blvd.		
	Brandon , FL	33511	
range gent w as/we e artic	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the many way.	registered bility com f the limite	doffice and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
/~	ure of a member or authorized representative of a member		
rovisia e obli mere otifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	re to act in performand I for in Cha werehy conf	n this capacity. I further agree to comply with to uce of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil afirm that the limited liability company has been

Signature of Registered Agent