KILED HINOS

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Division of Corporations

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LLC REGISTERED AGENT CHANGE UNIQUELY BOUTIQUE LLC

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K. SALY

JUL - 2 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.

1. No	ame of the limited liability company: Uniquely Boutique	e LLC			
2. (a)	4134 Rendale Dr		(b) 4134 Rendale		dale Dr
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\ -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32210	_		Jacksonvi	lle, FL 32210
	06/19/2023		1	.23000294	795
3.5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	_		Document number
(-)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Flo	rida	Dept. of Sta	le:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDR	ESS)	!	2024 1721
	Jacksonville , FL	3220	2		FILL -1 2024 JUL -1 TÄLLÄÄÄÄÄÄ
(b)	Corporate Creations Network Inc.			-	THE SEE F
	Enter name of NEW Registered Agent and/or NEW Registered 801 US Highway I	Office	add:	<u>lress</u> :	JUL-1 AM 4: 03 LAMASSEE FLORID
	NEW Registered Office Address:				
	North Palm Beach , FL	3340	8		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	regist ibility of the	terec cor limi	d office ar npany, it i ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Kristen Espinales	k	Crist	en Espinale	es, Attorney-in-Fact
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to e perfoi I for i sereby	act i rmai n Ci ' coi	in this cap nce of my hapter 60, nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Kristen Espinales, Special Secretary

Kristen Espinales

Signature of Registered Agent