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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

nter 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 STYLE LOUNGE BY AMANDA LLC

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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 10114	··	~	105 0	(A A A A A A D A
1. Na	one of the limited liability company: STYLE L	.OUI	NGE BY	AMANDA LLC
2. (a)	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300	(tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) h St N STE 300
	St. Petersburg FL 33702		St. Peters	sburg FL 33702
	07/11/23	_	L23000	0327816
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	WATTS, AMANDA E			
(-)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State:	:
	1220 E CUMBERLAND AVE			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>(S)</u>	_ 53
	APT 411			20 B 7
	TAMPA . FL	3360	2	皇皇
(Ն)	Registered Agents Inc			FILEU 2005 JAN 30 PH 5: 12 2005 JAN 30 PH 5: 12
(5)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	7901 4th St N			95 12 10 12
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg, FL	3370	2	
the cha agent w was/we the arti	imited liability company is not organized under the law unge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the lin limited	istered office company, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.

Kolany Anger	Robin Jones	
Signature of a member of authorized representative of a member	Printed or typed name of sign	

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 writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent