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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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.

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LLC REGISTERED AGENT CHANGE **CROWN3D BEAUTI3S LLC**

> 01 \$25.00

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida_{ti}.

1. N	ame of the limited liability company: Crown3d Beauti3s	LLC				
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
		_ _				
	07/18/2023	L2:	3000340271			
3.	Date of filing/registration in Florida	4.	Docum	ient number		
5. (a)	UNITED STATES CORPORATION AGENTS, INC.					
	Registered Agent and Registered Office shown on the records of t	he Florida Do	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
	476 RIVERSIDE AVE.					
	JACKSONVILLE	32202		12	26	
					2023 .	
(b)					. <u>*</u> =	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>is</u> :		(T) (2)	
	7901 4th St N				자 티	i.
	NEW Registered Office Address:			-	Ë	
	STE 300			- ··.	ယ	
	St. Petersburg , FL.	33702				
the chargent was/withe art Signa	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limite of a member or authorized representative of amember or authorized representative of amember to the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I he	the register bility comp f the limite limited liab Robin J	red office and the pany, it is hereby defined liability company. It is printed this capacity. If	e business of y confirmed the any or as other or typed name of turther agreed	fice of the hat the cherwise pro	e registered ange(s) wided in
ngtifie 43 K	Q in writing of this change,			,		

Signature of Registered Agent

· Assistant Secretary