

L23000 345015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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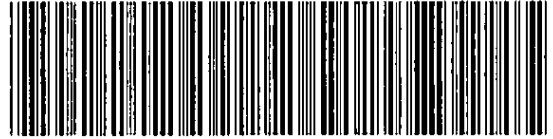
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUSHEXPERIENCE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alecia Wallace

\_\_\_\_\_  
Name of Person

LUSHEXPERIENCE LLC

\_\_\_\_\_  
Firm/Company

1091 Shoreview Circle Apt #307

\_\_\_\_\_  
Address

Casselberry, FL 32707

\_\_\_\_\_  
City/State and Zip Code

lushexpressco@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alecia Wallace

689

326-2098

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: LUSHEXPERIENCE LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

407 WEKIVA SPRINGS RD

LONGWOOD, FL 32779

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

407 WEKIVA SPRINGS RD

LONGWOOD, FL 32779

07/21/2023

L23000345015

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REPUBLIC REGISTERED AGENT LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1150 NW 72ND AVE TOWER 1 STE 455

MIAMI, FL 33126

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

ALECIA WALLACE

NEW Registered Office Address:

171 S ORLANDO AVE, STE C

MAITLAND, FL 32751

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alecia Wallace

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Signature of Registered Agent

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUSHEXPERIENCE LLC

\_\_\_\_\_  
Name of Limited Liability Company

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\_\_\_\_\_  
Firm/Company

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\_\_\_\_\_  
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326-2098

at ( )

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LIMITED LIABILITY COMPANY**

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2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

407 WEKIVA SPRINGS RD

LONGWOOD, FL 32779

Mailing address of limited liability company:

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07/21/2023

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Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1150 NW 72ND AVE TOWER 1 STE 455

MIAMI, FL 33126

(b) \_\_\_\_\_  
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ALECIA WALLACE

**NEW** Registered Office Address:

171 S ORLANDO AVE, STE C

MAITLAND, FL 32751

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Alecia Wallace

Signature of a member or authorized representative of a member

Printed or typed name of signee

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Signature of Registered Agent