<u>L23000345015</u>

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UTV 30/24--01015--011

2018 - 9 ET 10 CE

COVER LETTER

TO: Registration Section Division of Corporations				
LUSHEXPERIENCE LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o 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 cal	1:			
Alecia Wallace 689	326-2098			
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			

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.

1. N	ame of the limited liability company:LUSHEXPER	IENCE LL	С	
2. (a)		(b)	
2. (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)
	407 WEKIVA SPRINGS RD		407 WEKI	VA SPRINGS RD
	LONGWOOD, FL 32779		LONGWO	OOD, FL 32779
	07/21/2023		L23000345	015
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of State	- ::
	REPUBLIC REGISTERED AGENT LLC			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>(S)</u>	-
	1150 NW 72ND AVE TOWER 1 STE 455			5.7
	MIAMI	33126		r S
		rL		
(b)				2 i-
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	
	ALECIA WALLACE			
	NEW Registered Office Address:			- -
	171 S ORLANDO AVE, STE C			
	MAITLAND	32751 FL		
change agent was/w the art Signa I here provist the obto mer	simited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the interest of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	the register liability constant in the limited Helphane H	red office and ompany, it is mited liability com cia Wallace	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee activ. I further agree to comply with the luties, and I am familiar with and accept

Signature of Registered Agent

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	LUSHEXPERIENCE LLC	LUSHEXPERIENCE LLC				
	Name	of Limited Lia	bility Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	ollowing:			
Alecia	Wallace					
	Name of Person	 -	_			
LUSHE	EXPERIENCE LLC					
	Firm/Company		_			
1091 S	Shoreview Circle Apt #307					
	Address		_			
Cassel	berry, FL 32707					
	City/State and Zip Code		_			
lushex	pressco@gmail.com					
E	-mail address: (to be used for future annua	Il report notific	ation)			
For fur	ther information concerning this matter, pl	ease call:				
Alecia '	Wallace	689 at (326-2098			
	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			
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		LONGWOOD, FL 32779			LONGWO	OD, FL 32779
		07/21/2023		į	L23000345	015
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)					
	• ′	Registered Agent and Registered Office shown on the records	of the Flor	ida I	Dept. of State	:
		REPUBLIC REGISTERED AGENT LLC				
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)		
		1150 NW 72ND AVE TOWER 1 STE 455				100 J
		MIAMI	33126			 (_:
		, !	FL			. s ව
	(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	32751			
age was the	inge int w s/wei artic	mited liability company is not organized under the lor changes are made, the Florida street address of the relation of the case of a Florida limited in authorized by an affirmative vote of the members of organization or the operating agreement of the organization organization organizat	ne registe liability of of the li e limited	red com mit I lia	office and pany, it is ed liability bility comp Wallace	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
_	_					Printed or typed name of signee
pro the to n	visio obliz nere:	y accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as providly reflect a change in the registered office address, I in writing of this change.	gree to ac e perform ed for in hereby c	ct ir nan Ch con	n this capac ce of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sig	nature	e of Registered Agent				