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(Business Entity Name)
<u> </u>
(Document Number)
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09/03/24--01024--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Socially Bella L.L.C		
Nan	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	s matter to the following:	
Chezarae Getto		
Name of Person		
Socially Bella L.L.C		2024 SEF
Firm/Company		1
8 Woodbury Dr		-3 A
Address		SEE SEE
Palm Coast/ Florida 32164		M 9: 03
City/State and Zip Code		
cgetto0315@gmail.com		
E-mail address: (to be used for future and	ual report notification)	
For further information concerning this matter	please call:	
Chezarae Getto	413 8752859 at ()	
Name of Person	Area Code & Daytime Teleph	one 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, Su Tallahassee, FL 32303	iite 810
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.

Nan	ne of the limited liability company: Socially Bella L.L.C	C		
	Woodbury Dr, Palm Coast, FL, 32164	(b) 8 Woodbury Dr. Palm Coast, FL, 32164		
· / -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	
<i>!</i> -	August 20th, 2024		00344383	
•	Date of filing/registration in Florida ZENBUSINESS INC	4.	Document number	
(a) .	Registered Agent and Registered Office shown on the records of t ZENBUSINESS INC	he Florida Dept. of Sta	<u>~</u> 20	
	Registered Office Address (MUST BE FLORIDA STREET A 336 E. College Ave. Suite 301	(DDRESS)	2024 SEP -3 AM SEGREDARY OF TALLAHASSEE	Care
	Tallahassee, FL	32301	TASS	
(b) _	Thezarae Getto Enter name of NEW Registered Agent and/or NEW Registered		AM 9: 03 OF STATE SEE, FL	O
	8 Woodbury Dr.			
	NEW Registered Office Address.		_	
	Palm Coast, FL	32164	_	
ange ent w as/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered office ar ability company, it of the limited liabili	and the business office of the register is hereby confirmed that the change lity company or as otherwise provide	ed (s)
	zarae Getto	Chezarae Getto		
hereb ovisio e obli mere otified Chez	are of a member or authorized representative of a member y accept the appointment as registered agent and agri- graph of all statutes relative to the proper and complete graph of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change. ZARAE Getto	performance of my I for in Chapter 60	v duties, and I am familiar with and c 05, F.S. Or, if this document is being	accept g filed
ignatur	e of Registered Agent			