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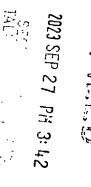
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
PIERRE WONDERFUL PRODUCT SUBJECT:	'S L.L.C.
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Abed Pierre	
Name of Person	
PIERRE WONDERFUL PRODUCTS L.L.C.	
Firn/Company	
1038 sw goodman ave port saint fucie	
Address	
port saint lucie/ florida 34953	
City/State and Zip Code	
abedpierre22@gmail.com	
E-mail address: (to be used for future and	ual report notification)
For further information concerning this matter.	please call:
abed pierre	772 4087121 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:
S25 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.

I. N	ame of the limited liability company: PIERRE WOND	ERFUL PROL	DUCTS L.L.C.
2. (a)	1038 sw goodman ave port saint lucie florida 34953	(b)	038 sw gooodman ave port saint lucie florida 34953
_, (,=,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/01/2023	1.23	3000410391
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.476	RIVERSIDE	AVE.JA)
, (u)	Registered Agent and Registered Office shown on the records of .476 RIVERSIDE AVE.JACKSONVILLE, FL 32202	the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	jacksonville, FI	L_32202	2023 SETTAL
(b)	Abed Pierre		2023 SEP 2
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	
	1038 sw goodman ave port saint lucie florida 34953		PH 3: 42
	NEW Registered Office Address:		42
	port saint lucie FI	L 34953	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	e registered o ability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
ine obi to mer	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in to performance d for in Chap hereby confit	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Simon	re of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00