

L23000410391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

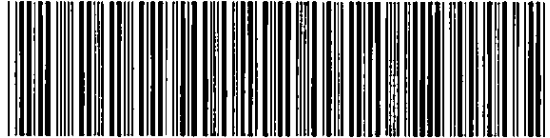
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited 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: PIERRE WONDERFUL PRODUCTS L.L.C.

2. (a) 1038 sw goodman ave port saint lucie florida 34953
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 1038 sw goodman ave port saint lucie florida 34953
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 09/01/2023 Date of filing/registration in Florida
4. L23000410391 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE JACKSONVILLE, FL 32202

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

jacksonville, FL 32202

(b) Abed Pierre

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1038 sw goodman ave port saint lucie florida 34953

NEW Registered Office Address:

port saint lucie, FL 34953

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.

Abed Pierre
Signature of a member or authorized representative of a member

Abed Pierre

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.

Abed Pierre
Signature of Registered Agent

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2023 SEP 27 PM 3:42
TALLAHASSEE, FL
SECRETARY OF STATE