8/28/2024-09.59%7 PDT To. 18506176383 Page: 1/2 Fax: 8134365206

Florida Department of State 4727

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 12009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE ESTHETICS BY BREANA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Page Count | 02 |
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8/28/2024.09:59.47 PDT To 18506176383 Page: 2/2 Fax. 3134365206

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.

| L. Na | une of the limited liability company. | BREANA, LLC | |
|---|---|---|---|
| 2. (a) | | (b) | |
| | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: <u>CNote: MAY BE POST OFFICE BOX</u> |
| | | | |
| _ | 09/06/23 | | 00416727 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | INC AUTHORITY RA | | |
| | Registered Agent and Registered Office shown on the records of | | |
| | Registered Office Address (MUST BE FLORIDA STREE) | T ADDRESS) | - |
| | 390 NORTH ORANGE AVE., STE 2300-N | | |
| | ORLANDO | 32801 | 262 |
| | Registered Agents Inc | ** | 2024 AUD |
| (d) | Enter name of NEW Registered Agent and or NEW Registere | ed Office address: | |
| | | | |
| | 7901 4th St N | | — ; ;; ;;; |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg | 33702 | |
| the cha agent w was/we the artic | mited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the registered liability compar of the limited l | I office and the business office of the registered ny, it is hereby confirmed that the change(s) hability company or as otherwise provided in ity company. |
| Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| provisie he obli o mere totifica | ov accept the appointment as registered agent and agons of all statutes relative to the proper and completing gations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change. | e performance led for in Chapt I hereby confirt | us capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed a that the limited liability company has been |
| | David Roberts - Assistant S | Secretary | |