## L23000 424 760

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE AUG 27 2024							

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Lush Injectables, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Philip Edds Name of Person  Lush Injectables Firm/Company						
234 N. Rhodes Ave Suite 105 Address						
Sarasota/FL/34237 City/State and Zip Code Com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Philip Edds at (248) 797 - 8823  Name of Person Area Code & Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
<b>☎</b> \$25 Filing Fee						

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. Na	lame of the limited liability company: Lush	niect	ables	LLC		
2. (a)	2211 11 DI-1-6 1 ( 1-10T	(b)	234	N. Rhades	Ave Suite 105	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	ν-,.	,\	-	ited liability company: DST OFFICE BOX)	
	Surasota, FL 34237	- <del>-</del> -	Sara	11	34237	
	,	_			·	
	9/12/23		L230	00424760	)	
3.	Date of filing/registration in Florida 4	١.		Document numbe	r	
5. (a)	·					
	Registered Agent and Registered Office shown on the records of the F	lorida D	ept, of State	:		
	336 E. College AVO Svite 301 Registered Office Address MUST BE FLORIDA STREET ADD.	(RFCC)				
	Registered Office Address - Magazine Petropolitical Andrews	<u> 111.007</u>				
	Tallahassoa FL	323	01			
(b)	Dista File			3_	2024 Se	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FIL 1024 AUG 23 新聞祭		
	234 N. Rhodes Ave Suite 1	201			* *	
	NEW Registered Office Address:				AHII: 10	
					· · · · · · · · · · · · · · · · · · ·	
	Sarasota FL	34	237		••	
change agent v was/wo	limited liability company is not organized under the laws of e or changes are made, the Florida street address of the regional be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the limit	istered ty com e limite	office and pany, it is ed liability	the business offichereby confirmed company or as o	ce of the registered I that the change(s)	
the arti	Flux A	nea mi	Fara		Edds	
Signa	ature of a member or authorized representative of a member			Printed or typed nam	e of signee	
provisi the obl to merc	why accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for reflect a change in the registered office address. I here is a first full of this change.	forman	ce of my d	luties and Lam Ta	miliar with and accept -	

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

Signature of Registered Agent