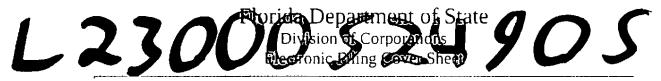
Division of Corporations



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(((H23000410004 3)))



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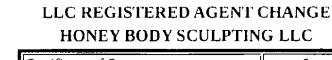
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.

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11/30/2023 13:55:41 PS™ To: 18506176383 Page: 2/2 From. Registered Agents Inc Fax: 8134365206

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. N	ame of the limited liability company: Honey Body Sculp	ting LLC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited l (Note: MAY BE POST)	iability company;
		- -		
	11/21/2023	L23	3000524905	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ZENBUSINESS INC.			
	Registered Agent and Registered Office shown on the records of the	ne Florida Dej	ept, of State:	~)
	336 E. COLLEGE AVE.			2; ,
	Registered Office Address [MUST BE FLORIDA STREET A	DDRESS)		
	SUITE 301			:
	TALLAHASSEE FL	32301		
	Registered Agents Inc			<u> </u> : 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u></u>	27
	7901 4th St N			
	NEW Registered Office Address:			
	STÉ 300			
	St. Petersburg . FL.	33702		
the chagent was/withe art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the register bility comp the limited imited liab	red office and the business offi- pany, it is hereby confirmed the d liability company or as other pility company.	ce of the registered at the change(s)
/ Signa	ture of a member or authorized representative of a member	Robin Jo	Printed or typed name of	signce
I here provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	performanc för in Cha ereby confi	this capacity. I further agree we of my duties, and I am famili unter 605, F.S. Or, if this docu	to comply with the ar with and accept ment is being filed

Signature of Registered Agent