

123 000 526 079

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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12/02/24--01016--014 **25.00

ALLAHASSEE, FL

924 DEC -2 PM 3: I

COVER LETTER

TO: Registration Section

Divisio	on of Corporations			
SUBJECT: K	Kimberly Ann Small, LLC Name of Limited Liability Company			
SUBJECT: _				
Dear Sir or Ma	dam:			
The enclosed R	Registered Agent/Registered Office Cha	nge and fe	ee(s) are submitted for filing.	
Please return al	ll correspondence concerning this matte	er to the fo	llowing:	
Kimberly Small			_	
	Name of Person		_	
Kimberly Ann S	mall, LLC			
	Firm/Company		-	
1333 S Ocean B	lvd, #120			
	Address		-	
Pompano Beach	, FL 33062			
	City/State and Zip Code		-	
kimsmall10@gn	nail.com			
E-mail ad	dress: (to be used for future annual repo	ort notifica	ation)	
For further info	ormation concerning this matter, please	call:		
Kimberly Small)54	22-41-42-6	
	Name of Person at (_		_) Area Code & Daytime Telephone Number	
Registi Divisio P.O. B	ng Address: ration Section on of Corporations ox 6327 assee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclose	ed is a check for the following amoun	t:		
\$ 25	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.

2. (a)	1333 S Ocean Blvd #120 Principal office address of limited liability company:	(b)_Same	
. (.,)	Principal office address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pompano Beach, FL 33062		
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	11/22/2023		
5. (a)	Registered Agent and Registered Office shown on the records of the ZenBusiness Inc	he Florida Dept, of S	itate:
	Registered Office Address (MUST BE FLORIDA STREET A 336 E College Ave Suite 301	DDRESS)	
	Tallahasse, FL	32301	ZOZ4 DEC Sálanca TALLA
(b)	11/22/2024		mi m h: 0 m: +
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office address:	- > \(\dagger{\gamma} \)
	Kimberly Small		PM 3:
	NEW Registered Office Address:		— FIE →
	1333 S Ocean Blvd #120		
	Pompano Beach , FL	33062	<u></u>
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	registered office a pility company, it the limited liabil imited liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Ciona	1 m	Kimberly Sma	
I herel provisi the obl to mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I hi I in writing of this change.	erformance of m	v duties, and I am familiar with and accent
Signatu	re of Registered Agent		