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Division of Corporations

Fax Number (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128890000881 Phone : (367)200-2803 Fax Number : (813)436-5206

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K. SALY APR - 1 2024 4/1/2024 08:2<u>1</u>:31 PDT _ To: 18506176383 Page: 2/2 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Same of the limited liability company:	H LLC	
2. (a	1	(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/19/24		3000134775
2	Date of filing/registration in Florida		7
3.	- 4	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of the	he Florida De	pt, of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	7024 1 7ALL
	JACKSONVILLE . FL	32202	PILED 2024 APR -1 PH 2: 02 2024 APR -1 PH 2: 02 2024 APR -1 PH 2: 02
(b	Northwest Registered Agent LLC		- PR FE
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	7: 2:
	7901 4th St N		02 200
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
the clagent agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the laws o	the register bility comp f the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in thity company.
Sign	lature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the or to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a change in the registered office address and in writing of this change. Taylor Newman - Assistant Se	performand I fôr in Cha ereby confi	this canacity. I further agree to comply with the

Signature of Registered Agent