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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE FEROZIA BEAUTY LLC

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1/15/2025 13:41:32 PSI . 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 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	me of the limited liability company: Ferozia B	eaut	y LLC				
2.	(a)		(b	)				
	(- <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of (Note: MAY BE		-	
		7901 4th St N STE 300		167 Ma	ıdison Aver	nue S	Suite	205
		St. Petersburg, FL 33702	_	New Yor	k, NY 10016			
		11/28/22		L24000224164				
3.		Date of filing/registration in Florida	4.		Document nun	nber		
ζ	(a)	DOMINIUM CONSULTING SERVICES	LLC					
J.	(0)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	: ::			
		6965 PIAZZA GRANDE AVE, STE 206	6					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	)	•			
		ORLANDO , FL	32835	)		• •	20	
	(b)	Registered Agents Inc					2025 JAH	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	dress:		: • .	3	<del></del>
		7901 4th St N				•	700 700 700	.ED
		NEW Registered Office Address:					တဲ့	
		STE 300				: • • • •	10	
		St. Petersburg , FL	33702					
the age was the	cha ent w s/we arti- ignat	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the lawing of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a	he regis collity co the lim imited I Rol	stered office impany, it is ited liability iability com bin Jone	e and the busine is hereby confirm y company or a suppany.  S  Printed or typed a suppany.  I further.	ess offi ned that s other	ce of at the wise particular signed	the registered change(s) provided in
pro the to i	visi obli nere	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided Ty reflect a change in the registered office address, I he	erforma for in C ereby co	ance of my o Chapter 605 Onfirm that i	auties, and Lan , F.S. Or, if thi the limited liab	ı jamılı is docu ility co	ıar wı ment mpan	ın ana accept is being filed y has been

Signature of Registered Agent

otified in writing of this change.

David Roberts - Assistant Secretary