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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

****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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**LLC REGISTERED AGENT CHANGE
PURE SERENITY GLOW LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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2025 MAR 14 AM 9:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PURE SERENITY GLOW 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:

Erik Treutlein
Name of Person

Legalzoom.com, Inc.
Firm/Company

11501 Domain Dr., Ste 200
Address

Austin, TX 78758
City/State and Zip Code

sasha.babadi@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Treutlein at (800) 773-0888 ext 9724
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

PURE SERENITY GLOW LLC

1. Name of the limited liability company:

2. (a) (b)

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

4420 CARTER RD, APT 39

4420 CARTER RD, APT 39

ST. AUGSUTINE, FL 32086

ST. AUGSUTINE, FL 32086

12/16/2024

L24000519438

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BABADI, SASHA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4420 CARTER RD, APT 39

ST. AUGSUTINE, FL 32086

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

UNITED STATES CORPORATION AGENTS, INC.

NEW Registered Office Address:

476 Riverside Ave.

Jacksonville, FL 32202

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Sasha Babadi

Sasha Babadi

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Erik Treutlein

Erik Treutlein, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00