Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000407304 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE **ELEGANCE LIVING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help 30 2023

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	Elegance Living, LLC		
	WILL THE TOTAL TO THE TOTAL TOT	imited	Liability Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Office Cha	ange ai	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning this matt	er to th	ne following:
Lori Whaler	1		
	Name of Person		
Registered A	gent Solutions, Inc.		
	Firm/Company		<del></del>
Corporate Co	enter One, 5301 Southwest Pkwy, Ste 400		
	Address		<del></del>
Austin, TX 7	28735		
	City/State and Zip Code		
E-mail	address: (to be used for future annual rep	ort no	tification)
For further i	nformation concerning this matter, please	call:	
Lori Whaler	n at (	888	705-7274
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following amou	nt:	
	25 Filing Fee	a	\$55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

## 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)	1416 CLARKVIEW ROAD	(	(b) 1416 CLARKVIEW ROAD					
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	BALTIMORE, MD 21209	_	BALTIMO	ORE, MD 212		······································		
	1/13/2020		M2000000	0492		<del></del>		
3.	Date of filing/registration in Florida	<b>-</b> 4.	<del></del>	Document nu	ımber			
<b>F</b> (-)	TRAC - THE REGISTERED AGENT COMPANY							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Stat	e:				
	Registered Office Address (MUST BE FLORIDA STREET.  236 E. 6TH AVENUE	<u>ADDRES</u>	ट्य	_				
	TALLAHASSEE FI	32303		_				
(b)	Registered Agent Solutions, Inc.					2023		
\ - <b>,</b>	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-		AON 6207 J		
	2894 Remington Green Ln.					raeo Filiz V 29		
	NEW Registered Office Address:			_		PH D VE		
	Ste. A			_		7EU D PH 12: 1.3		
	Tallahassee . FL	32308				i.		
change agent w was/we the arti-	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ibility confidence of the limited	ed office an ompany, it is nited liabilit	d the business s hereby confi y company or npany.	office o rmed that as other	f the registered t the change(s)		
/s/ Signat	Ure of a member or authorized representative of a member		ayır virigit	Printed or types				
	by accept the appointment as registered agent and agr	on to no	t in this can			•		
provisii the obli to mere	ly accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I f I in writing of this change.	perform	ance of my a	duties, and La	m tamili	ar with and accept		

Mackenzie Hibler, Asst, Secretary

Signature of Registered Agent