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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 : (888)706-7274 Fax Number

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 FLORIDA SHOWER AND BATH, LLC

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K. SALY AUG 3 0 2024

COVER LETTER

TO: Registration Section Division of Corporations					
FLORIDA SHOWER AND BA	TH, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.			
Please return all correspondence concernin	g this matter to the	: following:			
Aheia Richards					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwest Pkwy,	Ste 400				
Address					
Austin, TX 78735					
City/State and Zip Co	de				
E-mail address: (to be used for future	annual report noti	ification)			
For further information concerning this ma	itter, please call;				
Alicia Richards	888 at (705-7274			
Name of Person	,	Area Code & Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:				
S25 Filing Fee	a :	\$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.

1. Ni	ame of the limited liability company: FLORIDA SHOV	WER AN	D BATH, LLO	C
2. (a)	501 CENTRAL DR.	ſ	501 CENT	RAL DR.
w. 141)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) VIRGINIA BEACH, VA 23454	(,	dailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) BEACH, VA 23454
	3/28/2024		M24000004	983
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CAPITOL CORPORATE SERVICES, INC.			
. (117)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:
	515 E. PARK AVE. 2ND FL			. •
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S1</u>	29 SELECTION 29
	TALLAHASSEE	32301		22 5
	TALLAHASSEE, FI	<u> </u>		THE REPORT TO THE PARTY TO THE
(b)	Registered Agent Solutions, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	<u>ldress</u> :	
	2894 Remington Green Ln.			
	NEW Registered Office Address:			
	Ste. A	·		
	Tallahassee F1	32308		
change agent v was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ability co of the lin	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/S1	Joseph Crocenzi	Jose	eph Crocenzi	CFO
Signa	Joseph Crocenyi ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, L d in writing of this change.	perform d för in (ance of my d Chapter 605,	luties, and I am familiar with and accept. F.S. Or, if this document is being filed
Simmer.	Mackenzie Hibler, Asst. Secre	etary		