P14000088727

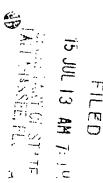
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: Elle and k Boutique Name of Corporation | | |
| DOCUMENT NUMBER: P14000088727 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Lindsly Mitchell Name of Contact Person Pile of Lindsly Mitchell | | |
| Firm/Company | | |
| 19040 Bruce B. Downs Blug, Ste 307 | | |
| Tampa, FC 33 to 47 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Lind Sty Mitchell at (40) 207-8924 Name of Contact Person at (40) 207-8924 Area Code & Daytime Telephone Number | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Ell and K Bout 1911 |
| 2. The principal office address: 1904(0 BY UCL B. DOWN S. B. Wa., SUIH. 307, Tampa, Fr. 33(047) |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10/29/19 Document number: P1400088727 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| 5030 Dr. Phullips Blvd |
| SUIFE 291 |
| <u>Orlanaw, PC 32819</u> |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 19046 BYUG B. DOWNS BIVOL & |
| SUIR 307 |
| Tampa, Pl 336 4007 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Lindsey Mitchell Signature of an officer or director Lindsey Mitchell Printed or typed name and title |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent T-8-1S Date |
| If signing on behalf of an entity: |
| Tunad or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *