

W13 000 138989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300370492333

07/27/21--01092--007 **55.00

08/12/2021
JH

2021 JUL 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beauty Man, 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:

Christina Y. Williams

Name of Person

JMC Multi Services, LLC

Firm/Company

2893 West Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jmclsvs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Y. Williams

954

791-1701

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

1. Name of the limited liability company: Beauty Man, LLC

2. (a) 4771 NW 167TH ST (b) Same

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Miami Gardens, FL 33055

07/21/2014

L13000138989

3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

4771 Northwest 167th Street

Miami Gardens, FL 33055

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

NEW Registered Office Address:

4960 Northwest 165th Street, Unit B-25

Miami Gardens, FL 33014

FILED
2011 JUL 27 AM 9:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

leocadio alba
Signature of a member or authorized representative of a member

Leocadio Alba
Printed or typed name of signer

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.

leocadio alba
Signature of Registered Agent