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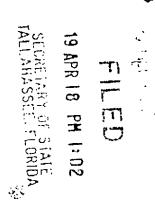
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APR 29 2019 T SCHROEDER

COVER LETTER

Division of Corporations	
SUBJECT: Mr Barberspa Name of	Salon for Men LLC f 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 m	*
MICHELLE MYELS Name of Person	
Mr Barberspa Sale Firm/Company	on la Mon
9101 international dr. Address	# 1216
Orlando FL 32816 City/State and Zip Code	<u> </u>
MV harbers pale gmall E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Michelle Myers a	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 am	ount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

I. Na	ime of the limited liability company: Mr. Bax	ber	5pa 6	Salon for Men	
2. (a)	, , ,,	(b)			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , ,	Ma	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		-			
	Date of filing/registration in Florida	_		7000214325	
3.	Date of filing/registration in Florida	4.	D	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the I 14756 Old Milled Trace Registered Office Address (MUST BE FLORIDA STREET ADD WITH A COLUMN STREET ADD LICHER MYERS Enter name of NEW Registered Agent and/or NEW Registered Office Office Address Agent and/or NEW Registered Office Office Agent Ag	<u>S</u> PRESS)	187	FILED 19 APR 18 PM 1.02 SEUGLIANY OF STATE FALLAHASSEE, FLORIDA	
	NEW Registered Office Address:	Jr.	#(51)	ь	
	Orlando ,FL_	32	-819		

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.

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.

Signature of Registered Agent