L19000015425

(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:

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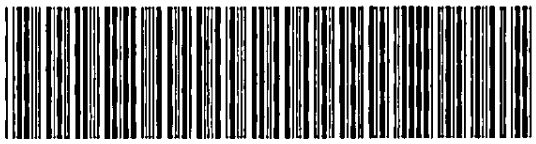

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAY 10 PM 12:07

JUN 23 2021

R. HUNT

L19000015425

COVER LETTER

Name of Limited Liability Company

Name of Person

Address

City State and Zip Code

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:

☐ $55 Filing Fee & Certified Copy

L19000215425

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: NEW STYLE HAIR & SPA, LLC

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

9738 SW 184 STREET

CUTLER BAY, FL 33157

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

9738 SW 184 STREET

CUTLER BAY, FL 33157

3. Date of filing/registration in Florida: 04/15/2019

4. Document number: L19000215425

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

CARINO FINANCIAL, LLC

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

9738 SW 184 STREET

CUTLER BAY, FL 33157

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

BELKIS HILARIO

NEW Registered Office Address:

9738 SW 184 STREET

CUTLER BAY, FL 33157

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2021 MAY 10 PM 12:07

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.

x _____
Signature of a member or authorized representative of a member

BELKIS HILARIO
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 of this change.

x _____
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00