

L19 000 273167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

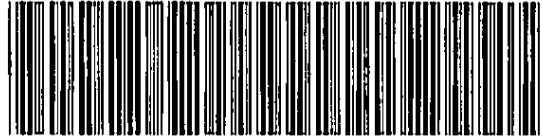
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400373177044

09/15/21--01016--010 **25.00

FILED
2021 SEP 15 PM 2:32
CLERK OF STATE
TALLAHASSEE, FL

Y
C

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: Barber Chair Pros, LLC

2. (a) <u>1444 Biscayne Blvd., Suite 301</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>Miami, FL 33132</u>	(b) <u>1444 Biscayne Blvd., Suite 301</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>Miami, FL 33132</u>
--	--

3. <u>10/31/2019</u> Date of filing/registration in Florida	4. <u>L19000273167</u> Document number
--	---

5. (a) The Saade Law Firm, P.A.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
201 Sevilla Avenue, Suite 301

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Coral Gables, FL 33134

(b) The Saade Law Firm, P.A.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
255 Alhambra Circle, Suite 320
NEW Registered Office Address:
Coral Gables, FL 33134

FILED
 10/31/15 PM 2:32
 CLERK OF STATE
 TALLAHASSEE, FL

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	_____ Gabriel Saade 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.

 Signature of Registered Agent