L22000264990

(Requestor's Name)										
(Address)										
(Address)										
(City/State/Zip/Phone #)										
PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
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2023 JUN 20 AM 9: OL BILLETARY OF STATE ALL AHASSEE FLORIO

COVER LETTER

то:		stration Section sion of Corporations										
SUBJE	ECT:	High-end Cuts Barbershop LLC										
		Name of Limited Liability Company										
Dear S	ir or N	4adam:										
The en	closed	Registered Agent/Registered (Office Chang	ge and fe	e(s) are submitted for filing.							
Please	return	all correspondence concerning	g this matter	to the fol	lowing:							
Madina	abonu 1	Pershin										
		Name of Person			-							
High-ei	nd Cut	s Barbershop										
	-	Firm/Company		···	-							
235 Co	mmerc	rial Blvd, Suite 103										
		Address			-							
Lauder	dale-by	y-the-Sea, FL 33308										
		City/State and Zip Cod	e		-							
highen	dcutsba	arbershop1@gmail.com										
Е	-mail	address: (to be used for future	annual repor	t notifica	tion)							
For fur	ther ir	formation concerning this mat	ter, please ca	all:								
Madina	abonu i	Pershin	34 at (7	3455702							
		Name of Person	at (Area Code & Daytime Telephone Number							
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Encl	osed is a check for the followi	ing amount:	:								
	= \$2	25 Filing Fee		□ \$55	Filing Fee & Certified Copy							
INHS18	8 (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.

Ι.	Na	ame of the limited liability company: High-end Cuts Bar	bersho	p L	LC					
2.	(a)	235 Commercial Blvd, Suite 103		(b) 235 Commercial Blvd, Suite 103						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO						
		Lauderdale-by-the-Sea, FL 33308	-		Lauderdale	-by-the-Sea, F	L 33308			
			_	-						
		06/09/2022		I.	220002649	90				
3.5.	(a)	Date of filing/registration in Florida Rene Balzano	4.			Document nu	ımber			
	` ,	Registered Agent and Registered Office shown on the records of the 610 E Zack St. Suite 110-3058	• ::							
		Registered Office Address (MUST BE FLORIDA STREET A)	•							
		Tampa, FL_								
	(b)	Madinabonu Pershin			~3					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>		TĂLL!	2023 JUN 20					
		1000 NE 12TH AVE APT 108			AH.	E .				
		NEW Registered Office Address:	•			•	LAHASSEE, F			
		Hallandale Beach	33009				FLORIDA	AM 9: 04	C/	
cha age was	nge nt w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	egiste pility c the lii mited	red om mit lia	office and pany, it is ed liability bility com	I the business hereby confined company or pany.	office of the of the of the office of the of	he regi: he chai se prov	stered nge(s) vided in	
		dent		<u> </u>	ADINX	Printed or types	PERS	41 K	/	
	-	ture of a member or authorized representative of a member								
pro	VISI	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided tly reflect a change in the registered office address. I he	erforn	nan	ce of mv a	uties, and I a	m familiar	with a	nd accent	

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

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