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## COVER LETTER

Registration Section

TO:

Division of Corporations								
Urban Hair Artistry SUBJECT:	Urban Hair Artistry T:  Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	e Change ar	nd fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to th	e following:						
Kim Bush								
Name of Person								
The Payne Law Group, PLLC								
Firm/Company								
766 Hudson Ave., Suite C								
Address								
Sarasota, Florida 34236								
City/State and Zip Code								
kbush@lawnav.com								
E-mail address: (to be used for future annu	al report no	tification)						
For further information concerning this matter, p	olease call:							
Kim Bush	941	487-2815						
Name of Person	_ at (	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						
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.

1. N	ame of the limited liability company: Urban Hair Artist	ry				<del></del>		
2. (a)	5637 MOANA LOA BLVD		(b)	5637 N 	MOANA LOA BLVD			<del></del> -
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of lin		_	
	#202			#202				
	SARASOTA, FL 34240	_		SARAS	SOTA, FL 34240			
	12/08/2022		i	_220005	15569			
3.	Date of filing/registration in Florida	4.	-		Document numb	er		
5. (a)	Gabriell H Monfils							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flo	orida	Dept. of S	State:			
	5637 Moana loa blvd							
	Registered Office Address (MUST BE FLORIDA STREET.	ADDR	ESS.					
	#202							
	Sarasota , FI	3424	0			# 6 1	2023	7
(b)	Teresa A. Monfils						2023 JUN 14	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:							%\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	c/o The Payne Law Group, PLLC					OF SIA		
	NEW Registered Office Address:					57 115		
	766 Hudson Ave., Suite C				<del></del>		-	Ξ.
	Sarasota FI	3423	6					
chang agent was/w the art	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the partie of a member or authorized representative of a member	regis ability of the limite	tere / cor lim: ed li	d office npany, ted liab	and the business off it is hereby confirmed ility company or as company.	fice of th ed that th otherwis	e reg ie cha e pro	gistered ange(s)
I here provis the ob to men notifie	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change	ree to perfo d for l hereb	act rma in C y co	in this c nce of n hapter ( nfirm th	capacity. I further as ny duties, and I am f 605, F.S. Or, if this nat the limited liabili	gree to co familiar v documen ity compo	ompl with is it is b iny h	ly with the and accept being filed as been