that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 28145 DEEDRA DR

Current Principal Place of Business:

WESLEY CHAPEL. FL 33544

DOCUMENT# L18000074655

27419 WESLEY CHAPEL BLVD WESLEY CHAPEL. FL 33544

FEI Number: 82-5074172

Name and Address of Current Registered Agent:

Entity Name: THE MAN CAVE HAIRCUTS FOR MEN LLC

GALENTINE, CLINTON P 28145 DEEDRA DR WESLEY CHAPEL, FL 33544 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GALENTINE, CLINTON P	Name	GALENTINE, KATIE C
Address	28145 DEEDRA DR	Address	28145 DEEDRA DR
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	WESLEY CHAPEL FL 33544

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 06/14/2020

MANAGER

SIGNATURE: CLINTON P GALENTINE

Certificate of Status Desired: No

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Date

FILED

Date