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1. Entity Nam					,						
TRI CITY BARBERS, LLC					,	FIL	ED	*****		٠	
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Principal Place of Business Mailing Address						ł					
11125 PARK SUITE 104 #		11125 P/ SUITE 10	ARK'BLVD D4 #148		SECI	RETARY	OF STATE E. Florida	•			
SEMINOLE F			LE FL 33772		INCL	HERSSE	C, FLUKIUA Diminingan	BILL COLL SOLD DOLL	 	BISSI INI INI	
2 Principal II	Place of Business		YACIDIA AND AND AND AND AND AND AND AND AND AN	45.0							
Z. FIIICIPA: F	lace of Business	3. Nationg	3. Mailing Address						ستريد س		
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & S	City & State			4. FEI I	Sumber 59-36	26330		plied For t Applicable	7
	Country	Zip	Zip Cod		try	5. Certi	ficate of Status Desired	□ \$5	.00 Add	litional	1
	6. Name and Address of Cur	rent Registered A	gent			7. Nam	e and Address of New F		<u> </u>		
HIGH, JO	HNNIV (MGR		Name	r	and the second second	•		- 4 - 5°			
	ARK BLVD			``	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 10 SEMINOL	4 #148 E FL 33772			,							
OLIMITOE		· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Code	•	
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
											1
FILE NOV  Make Check Paya					·			· <del></del> -			Ì
9.	MANAGING M	MBERS/MEMBER					ADDITIONS/CHANGES				
TITLE	President		☐ Delete	TITLE			ADDITIONS		Change	Addition	18
NAME STREET ADDRESS	John HIGH - M 11125 Park &	ore	33772	NAME	ET ADDRESS						2 (11
	suite 104 #148	Semind	e, FL		ST-ZIP						100
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path, 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 608, Florida Statutes.											
The state of the s											
SIGNATURE: SIGNATURE SEGNATURE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destring Phone # 1 WICH											