

**L06000083699**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

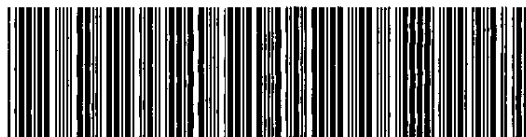
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**300176762033**

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**FILED**  
**2010 APR 26 PM 12:54**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**APR 28 2010**

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Upscale Barber Shop, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Rivera

Name of Person

Upscale Barber Shop, LLC

Firm/Company

2751 Tamiami Trail, Suite A

Address

Port Charlotte, FL 33952

City/State and Zip Code

Upscalebarbers@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Rivera

Name of Person

at ( 941 )

276-6062

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Upscale Barber Shop, LLC

2. (a) Principal office address of limited liability company: 2751 Tamiami Trail, Suite A

☒ (Note: **MUST BE STREET ADDRESS**) Port Charlotte, FL 33952

(b) Mailing address of limited liability company: Upscale Barber Shop, LLC

☒ (Note: **MAY BE POST OFFICE BOX**) 2751 Tamiami Trail, Suite A  
Port Charlotte, FL 33952

August 23, 2006 L06000083699

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Melissa Utset

Registered Office Address: 2751 Tamiami Trail, Suite A  
Port Charlotte, FL 33952

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent: Luis Rivera

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)** 2751 Tamiami Trail, Suite A  
Port Charlotte, FL 33952

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.

Luis Rivera  
Signature of a member or authorized representative of a member

Luis Rivera

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 608, 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.*

Luis Rivera  
Signature of Registered Agent

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