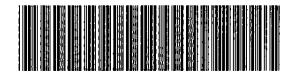
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(Requestor's Name)		
(Requestor's Name)		
(Address)		
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,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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C. LEWIS

DEC 1 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: United BARBERS 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:		
MAURICE T. JAMES Name of Person		
UNHED BARBERS Firm/Company		
1057 BLIE HURTZON DR. Address		
DELIONA FL 32725 City/State and Zip Code		
E-mail address: (to be used for Tuture annual report notification)		
For further information concerning this matter, please call:		
MAURICE + JAMES at (38		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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:United	Barbers //C
2. (a) Principal office address of limited liability company	: 180) ELKCAM BLVd STE.A
(Note: MUST BE STREET ADDRESS)	Destena fl. 32725
(b) Mailing address of limited liability company:	1057 BLUE HORIZONI DIZ
(Note: MAY BE POST OFFICE BOX)	Dellaw ft 32725
1/10/10	L100000 3932
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:	Coparation Service Company
Registered Office Address:	1201 HAYS St. Tallahassee PL 37301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	MAURICE T. JAMES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MAURICE T. JAMES 1057 Blue Horizon Dr. DELLOWA FL 32725
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Manua T. James Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office
MAURICA T. JAMES Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	LAH L
Division of Corporations, P.O. Box 632 FILING FEE: \$2	27, Tallahassee, FL 32314 SSR
INHS18 (05/08)	OF STA