

L 12000122065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUL - 3 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2013

MATTHEW T. BURKE, CPA
1980 N ATLANTIC AVE, STE. 707
COCOA BEACH, FL 32931

SUBJECT: A BETTER CUT BARBER SHOP, LLC
Ref. Number: L12000122065

We have received your document for A BETTER CUT BARBER SHOP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00015309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Better Cut 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:

Matthew T. Burke, CPA.
Name of Person

Matthew T. Burke, CPA
Firm/Company

1980 N. Atlantic Avenue Suite 707
Address

Cocoa Beach, FL 32931
City/State and Zip Code

matthewcpa@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew T. Burke at (321) 784-6130
Name of Person 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

(see letter attached)

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: A Better Cut Barber Shop, LLC
2. (a) Principal office address of limited liability company: 2425 N. Courtenay Pkwy.
Suite 101
Merritt Island, FL 32953
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 2425 N. Courtenay Pkwy.
Suite 101
Merritt Island, FL 32953
(Note: **MAY BE POST OFFICE BOX**)
- 9/24/2012
3. Date of filing/registration in Florida
4. Document number L12000122065

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

Registered Agent:

Helen L. Collura

Registered Office Address:

2425 N. Courtenay Pkwy.
Suite 101
Merritt Island, FL 32953

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

NEW Registered Agent:

Matthew T. Burke, CPA

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1980 N. Atlantic Ave
Suite 707
Cocoa Beach, FL 32931

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.

Helen L. Collura
Signature of a member or authorized representative of a member

Helen L. Collura
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.

Matthew T. Burke
Signature of Registered Agent

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

FILED
3 JUL - 1 PM 1:15
TALLAHASSEE, FL
SECRETARY OF STATE