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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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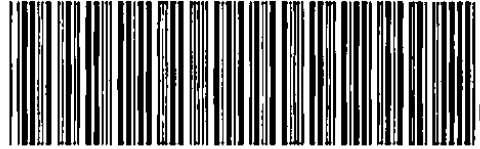
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 21 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUT IT UP BARBERSHOP, 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:

**MILTA TURBIDES**

\_\_\_\_\_  
Name of Person

**CUT IT UP BARBERSHOP, LLC**

\_\_\_\_\_  
Firm/Company

**7580 NW 186 ST, STE. 101 + 104**

\_\_\_\_\_  
Address

**HIALEAH, FL 33015**

\_\_\_\_\_  
City/State and Zip Code

**CUTITUPBARBERSHOP@AOL.COM**

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

For further information concerning this matter, please call:

**MILTA TURBIDES**

at ( **305** ) **785-4934**

\_\_\_\_\_  
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

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: CUT IT UP BARBERSHOP, LLC
2. (a) 7580 NW 186 ST, STE. 101 + 104  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
HIALEAH, FL 33015
- (b) SAME AS PRINCIPAL ADDRESS  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 04-01-2014 Date of filing/registration in Florida
4. L14000054609 Document number
5. (a) MILTA TURBIDES  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
18794 NW 80 AVE  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
HIALEAH, FL 33015
- (b) LUIS DEL PINO  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
15527 SW 40 ST  
**NEW** Registered Office Address:  
MIRAMAR, FL 33027

2019 OCT -3 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that all 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 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.

Milta Turbides  
Signature of a member or authorized representative of a member

MILTA TURBIDES  
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 understand the obligations of my position as registered agent as provided for in Chapter 605, 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.*

[Signature]  
Signature of Registered Agent