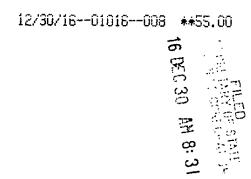
## L14000186361

(Requestor's Name)						
(Address)						
(Address)						
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





300293669183



J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	POLISHED NAIL BAR DAVIE SUBJECT:							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	e following:					
Brya	n Cuevas							
	Name of Person		<del></del>					
	Firm/Company		<del></del>					
983 (	nw 168 ave							
	Address							
Pem	broke Pines/ FL/ 33028							
	City/State and Zip Code		<del></del>					
thece	evasgroup@gmail.com							
j	E-mail address: (to be used for future ann	ual report noti	fication)					
For fu	rther information concerning this matter,	please call:						
Brya	n Cuevas	954 at (	243-1025 )					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section		IAILING ADDRESS: egistration Section					
	Division of Corporations							
	Clifton Building		O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	T	allahassee, Florida 32314					
Enclosed is a check for the following amount:								
	□ \$25 Filing Fee	2 9	555 Filing Fee & Certified Copy					

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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.

l. Na	me of the limited liability company:	IAIL B	٩R	DAVIE	LLC		
2. (a)	Bryan cuevas		b) _	Polished	d Nail Bar David	е	
s. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  983 nw 168 ave, pembroke pines, fl	`			Mailing address of limi (Note: MAYBE PO heridan st ste 8	OST OFFICE	E BOX)
	33028	_	3	33331			
	12/26/2016 12/5/14		L.	1400018	86361		
3.	Date of filing/registration in Florida	4.			Document number	er	
6. (a)	Registered Agent and Registered Office shown on the records of ANTHONY ROBLEDO	the Florid	la D	ept. of State	- e:		
	Registered Office Address <i>MUST BE FLORIDA STREET</i> 3901 NW 79TH AVENUE 104	ADDRES	S)		-		
	Doral , FI	3166			-		,
(b)	Enter name of NEW Registered Agent and/or NEW Registered Bryan Cuevas	Office a	ddre	<u>::ss</u> :	-	16 EC 30 A	FILE
	NEW Registered Office Address: 983 nw 168 ave				-	AM 8: 31	
	pembroke pines	33028	3		-		•
he cha gent w vas/we	mited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg ability c of the lin limited	iste com nite lial	red office pany, it is ad liability	e and the business s hereby confirmed y company or as of npany.	office of the of the of	he registered change(s)
Signat	ure of a member or authorized representative of a member				Printed or typed name	e of signee	
provisio he obli o mere	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is muriting of this change.	ree to ac perforn d for in hereby c	ct in nan Chi conj	this capa ce of my c apter 605 firm that	acity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to com miliar wit locument is y company	ply with the h and accep s being filed has been

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