(Re	questor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
(50								
Certified Copies	Certificates of Status							
Special Instructions to	Filing Officer:							
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MAR 11 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Change Registered Name of Limite	Agent Addless ed Lability 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:
Jorge Rivera Name of Person	
Rivera's Barbers	
Firm/Company	
5437C. Lake Margaret De Address	ALLAHASSEE, FLORIDA
Orlando, FL 328/2 City/State and Zip Code	2: C:
City/State and Zip Code	27 27
E-mail address: (to-be used for future annual report i	Com notification)
For further information concerning this matter, please call	
Jorge Rivera at 40	07, 692-3779
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:	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Na	me of the limited liability company: Piveras	BarberS	hop 2	2C				
2. (a)	5437C Lake Margaret Dr.		137C		Ma	rgaret de		
	Principal office address of limited liability company: Mailing address of limited liability company							
	(Note: MUST BE STREET ADDRESS)			•		_		
	Orlando FL 32812		iando	, FL	<u></u>	10/d		
			// <u> </u>	1/090				
	1/25/11	1./1/	0000	1691/d 2114~	! -/ 6	-		
3.	Date of filing/registration in Florida 4.	-W/16	(2000)) 4 / S	60- 6	<u>(%) </u>		
<i>J.</i>	\sim \sim \sim	Į.	Ocument nu	ımber				
5. (a)	Registered Agent and Registered Office shown on the records of the Flori	da Dant of State						
	7 1/2 1/2 PAR TO THE PROPERTY OF THE PROPERTY	_	١					
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	alind A	ve		ಕ	SE		
	Actor do (2)	<u>,</u>			MAR	CRE		
	0 1000				~	ASS		
	<u> </u>	3			PH	100 H		
					.; ₹	F[(
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office a	ddress:			: 27			
						7.		
	_ 5437C Lake Margaret	- 00		•				
	NEW Registered Office Address:							
	Orlando, FL 3	2812						
If the li	mited liability company is not organized under the laws of th	e State of Flor	ida, it is her	eby confirme	ed that	after		
the cha	nge or changes are made, the Florida street address of the reg vill be identical. Or, in the case of a Florida limited liability of	gistered office a	and the busi	ness office o	f the r	egistered		
was/we	re authorized by an affirmative vote of the members of the li	mited liability	company or	as otherwise	provi	ided in		
tne arti	eles of organization or the operating agreement of the limited	•	7					
Signat	ure of a member or authorized representative of a member	Torge	T) Ve Printed or type	CL d name of signe				
I herel	by accept the appointment as revistered agent and agree to a	ct in this capac	ity I furtha	er agree to co	o mnl v	with the		
provision the obli	ons of all statutes relative to the proper and complete perforing igations of my position as registered agent as provided for in the registered office address, I hereby the properties of the p	nance of my du Chapter 605.	ities, and I a F.S. Or. if t	ım familiar v his documen	vith and tis be	id accept ing filed		
to mere notifiga	ly reflect a change in the registered office address, I hereby t I in writing of this change.	confirm that th	e limited lid	ibility compa	my has	s been		
_ Ua	Tel Viene							
Signatur	re of Registered Agent							