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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE LEADERZ BARBERSHOP, LLC

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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

1. N	ame of the limited liability company: LEADER	ZΒ	ARBER	SHOP, LLC
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
3.	08/08/2016 Date of filing/registration in Florida		L1600	0147230
.).		4.		Document number
5. (a)	OIREVLIS ELISA RUIZ Registered Agent and Registered Office shown on the records of		1. D 7.0	202
	3222 ROOSEVELT ST.	the Pioi	ida Dept. of State	71.
	Registered Office Address (MUST BE FLORIDA STREET)			
	inglification (Street M. Flathers of March	11/1//(1	.2.2.2	ـــــــــــــــــــــــــــــــــــــ
	HOLLYWOOD FI.	330	21	2023 F. v - 1 PH 6: 39
(h)	Northwest Registered Agent L	LC		39
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	7901 4th St N			
	NEW Registered Office Address.			
	STE 300			
	St. PetersburgFL	337	02	
the cha agent v was/w	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reability of the 1	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	THE SOUTH	Ν	lat Smith	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee

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 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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent