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COVER LETTER

Division of Corporations
SUBJECT: Al Hair Cuts, PLLC 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:
Kenneth S. Hayes Name of Person
Al Hair Cuts PLIC Firm/Company
3580 Pall Mall. DR. # 2206 Address
Tacksonville FL 32257 City/State and Zip Code
Knh592201@gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathleen Hayes - Spower at (904) 437-3707 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

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.

1. Name of the limited liability company: Al Hair Cuts PLLC	
2. (a) 4268 Old Field Crossing DL. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	iy:
Jacksonville, FL 32223 Jacksonville, FL 322 Cold Steel Hair Studio Kenneth S. Hayes	<u> </u>
3. Date of filing/registration in Florida 4. Document number	
5. (a) United States Corp. Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
13302 Winding Oak Court Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Suite A	
Tampa ,FL 33612 (b) Kenneth S, Hayes Enter name of NEW Registered Agent and/or NEW Registered Office address:	
3580 Pall Mall QR. # 2206 NEW Registered Office Address:)
Jacksonville , FL 32257	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at the change or changes are made, the Florida street address of the registered office and the business office of the reg 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 provide the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	istered e(s)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change. Signature of Registered Agent	th the accept g filed een

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