

L17000 148411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

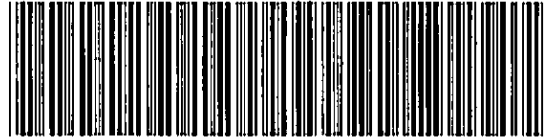
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2019

THE BARBER & EDENS GROUP, LLC  
1500 BAY RD APT 276  
MIAMI BEACH, FL 33139

SUBJECT: THE BARBER & EDENS GROUP, LLC  
Ref. Number: L17000148411

We have received your document for THE BARBER & EDENS GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00024680

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## COVER LETTER

To: Registration Section  
Division of Corporations

SUBJECT: THE BARBER & EDENS GROUP, 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:

Charonton Barber

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

The Barber & Edens Group, LLC

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

1500 Bay Rd Apt. 276

\_\_\_\_\_  
Address

Miami Beach, FL 33139

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

charontonb@barberandedens.com

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

For further information concerning this matter, please call:

Charonton Barber

305

302-3735

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 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: The Barber & Edens Group, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

1500 Bay Rd Apt. 276

Miami Beach, FL 33139

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1500 Bay Rd Apt. 276

Miami Beach, FL 33139

7/11/2017

L17000148411

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Charonton Barber

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1508 Bay Rd Apt. 1111

Miami Beach, FL 33139

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Charonton Barber

NEW Registered Office Address:

1500 Bay Rd Apt. 276

Miami Beach, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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(s) 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.

Signature of a member or authorized representative of a member

Charonton Barber

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.*

Signature of Registered Agent

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2019 DEC 30 PM 2:27  
SECTION 605.0114  
TALLAHASSEE, FL 32314