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Office Use Only



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COVER LETTER

Division of Corporations	
Grumen Products, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Javier Hernandez	
Name of Person	
Grumen Barbershop LLC	
Firm/Company	
8756 SW 40th Street Miami Florida 33165	
Address	-
Miami, Florida 33165	
City/State and Zip Code	
Hernandez.Javy@yahoo.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Ashley Yanez 30	05 710-8175
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. N	ame of the limited liability company: Grumen Products	s, LLC	_	
2. (a)	8756 SW 40th Street	(b)	8756 SW 40th Street	-15
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limi (Note: MAYBE PO	
	Miami, Florida 33165		Miami, Florida 33165	
3.	06/06/2016 Date of filing/registration in Florida	 _ <u>L</u>	18000 102	
_		4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of Orlando Ofiva	the Florida De	ept. of State:	2021 AUG 23
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	——— >> [
	8837 SW 40th Street		AHASSEE	AUG 23 PM
	Miami , FL	33165	ASS	ក្រា
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Javier Hernandez <u>NEW Registered Office Address:</u> 8756 SW 40th Street	Office addre	<u></u> - <u></u>	PH 4:5!
	Miami	33165		
Signal I her of the oblive of the oblive on the oblive on the oblive on the oblive of	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of class of organization or the operating agreement of the law of a member or authorized representative of a member of accept the appointment as registered agent and agreems of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect archange in the registered office address. I have the proper and complete particles of this change in the registered office address. I have the proper and complete particles of this change in the registered office address.	registered clibility comp of the limited limited liab	any, it is hereby confirmed dliability company or as oth ility company. Printed or typed name	e of the registered that the change(s) nerwise provided in of signee