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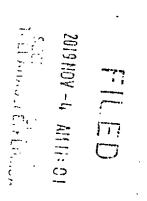
(Requestor's Name)								
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COVER LETTER

TO:	Registration Section Division of Corporations		,					
SUBJE	ALLA CUF BARBERSHOP SALON LLC							
300,0	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office	e Change and f	ee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the f	ollowing:					
BAKE	ER, SHONETEVIA N							
	Name of Person							
ALLA	CUF BARBERSHOP SALON LLC							
	Firm/Company	_						
2674	FRANKLIN DRIVE							
	Address	-	_					
FORT	ΓLAUDERDALE, FL 33311							
	City/State and Zip Code		_					
Nasta	ashia1986@gmail.com							
F	-mail address: (to be used for future annu-	al report notific	cation)					
For fur	rther information concerning this matter, p	lease call:						
BAKE	ER, SHONETEVIA N	786	780-7949					
	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	Reg Div P.O	ision of Corporations . Box 6327 lahassee, Florida 32314					
	Enclosed is a check for the following a	imount:						
	☑ \$25 Filing Fee	□ \$5	5 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 a	me of the limited liability company:	RBERSHOP:	SALON LL		_		
2. (a)	5615 NW 7TH AVENUE	(b) 2674 FRANKLIN DRIVE					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	MIAMI, FL 33127	FORT LAUDERDALE, FL 33311					
	10/09/2019	 L19000)253924		_		
3.	Date of filing/registration in Florida	4. Document	number				
5. (a)	WARREN, ALLEN L						
7. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	State:			J. J. & W. J. S.	
	2674 FRANKLIN DRIVE			E 100	20		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_ _	Li fait	2019 KOV -1,	3 ,	
	FORT LAUDERDALE . FL	33311	<u> </u>	: = = :		} - 1	
(b)	BAKER, SHONETEVIA N				AH H: C		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address.		Ţ			
	2674 FRANKLIN DRIVE						
	NEW Registered Office Address:	·					
	2674 FRANKLIN DRIVE						
	FORT LAUDERDALE, FL_	33311					
the cha agent v was/wa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company, If the limited liab limited liability o	fice and the lit is hereby cility compan company.	business confirme y or as o	office d that t	of the registered he change(s)	
	12000	BAKER, S	Printed or		no at sine		
Phere provisi	ture of a member of authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I l	performance of 1 I for in Chanter (rapacity. I fu ny duties, àn 605 F.S. Or	erther ag d Lam Ja v. if this a	gree to e amiliar locume	comply with the with and accep nt is being filed	