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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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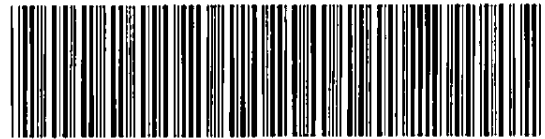
(Business Entity Name)

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REG. CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOVUS SALON MIRAMAR, 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:

ARMANDO R. GONZALEZ DIAZ  
\_\_\_\_\_  
Name of Person

NOVUS SALON MIRAMAR, LLC  
\_\_\_\_\_  
Firm/Company

5077 NW 7 STREET, Suite 402  
\_\_\_\_\_  
Address

MIAMI, FL 33126  
\_\_\_\_\_  
City/State and Zip Code

pepel1@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO R. GONZALEZ DIAZ                      786                      626-2726  
\_\_\_\_\_  
Name of Person                      at (                      )                      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: NOVUS SALON MIRAMAR, LLC
2. (a) 8631 CORAL WAY  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
MIAMI, FL 33155
- (b) 8567 SW 24TH STREET  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE 407  
MIAMI, FL 33155
3. 05/12/2022 Date of filing/registration in Florida
4. L22000223614 Document number
5. (a) GUTIERREZ, GUSTAVO. ESQ.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
770 SOUTH DIXIE HWY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 113  
CORAL GABLES, FL 33146
- (b) Raul Gastesi  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
8105 NW 155 St.  
NEW Registered Office Address:  
Miami Lakes, FL 33016

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]  
Signature of a member or authorized representative of a member

Armando R. Gozalez Diaz  
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]  
Signature of Registered Agent

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TALLAHASSEE, FL