## L22000264990

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Decourse A Nove bea)	
(Document Number)	
Certified Copies Certificates of Status	
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## COVER LETTER

Division of Corporations					
HIGH-END CUTS BARBERSHO	P, L.L.C.				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the	e following:			
Madina Persin					
Name of Person					
High-End Cuts Barbershop L.L.C.					
Firm/Company		<del></del>			
1000 Ne 12th Ave, 108					
Address					
Hallandale, FL 33009					
City/State and Zip Code	-				
highendeutsbarbershop1@gmail.com					
E-mail address: (to be used for future an	nnual report not	ification)			
For further information concerning this matte	r, please call:				
Madina Pershin	347 at (	345-5702			
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 followin	g amount:				
□ \$25 Filing Fee	■ :	\$55 Filing Fee & Certified Copy			

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.

. Na	ame of the limited liability company:	JTS BARBERSI	IOP. L.L.C.		
. (a)	235 E Commercial Blvd STE 103	(b) <sup>23</sup>	(b) 235 E Commercial Blvd STE 103		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6/9/2022	1,220	000264990		
	Date of filing/registration in Florida	4.	Document number		
(a)	Madinabonu O Pershin				
,	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t, of State:		
	1000 NE 12th Ave 108		2022		
	Registered Office Address (MUST BE FLORIDA STREE				
			•		
	Hallandale	33009	<u> </u>		
	, !	FL	<del></del>		
(b)	Rene Balzano		· <del>-</del> <del></del> <del></del>		
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	<del></del>		
	610 E Zack St.				
	NEW Registered Office Address;				
	Suite 110-3058				
	Tampa	FL 33602			
nange gent v as/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the second control of the second cont	he registered of liability compa s of the limited he limited liabil	lice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Onu O Pershin		
Signa	dure of a member or authorized representative of a member	<del></del>	Printed or typed name of signee		
rovis ie ohi mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	te performance	of my duties, and I am familiar with and accer		
ignan	ire of Registered Agent				