23000320885

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, (Business Enary venter	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
! !	

Office Use Only



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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301 **9**: 866.625.0838
- F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05	5/16/2024	
	Patrice Rush	_
	2372160	<u> </u>
	HAIRIT	AGE FTL LLC
	of Incorporation/Authorization	
Amendm	nent	
Change	of Agent	
Reinstat	ement	
Convers	ion	
Merger		
☐ Dissoluti	on/Withdrawal	
☐ Fictitious	s Name	
Other		
Authorized Amo	ount: \$25.00	
Signature:	(Pall	

F: +852.2682.9790

COVER LETTER

·~, - · · ·

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Hair	itage FT	L LLC		
	Nam	e of Li	mited Li	ability	Company	
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Cha	nge and	fee(s)	are submitted for filing.	
Please	return all correspondence concerning thi	s matte	r to the	followi	ing:	
	Kelsey Black					
	Name of Person					
	Black Law PA	_				
	Firm/Company			_		
	1401 E. Broward Blvd. Ste. 204	<u> </u>				
	Address					
	Fort Lauderdale, FL 33301					
	City/State and Zip Code					
	sop@cogencyglobal.com					
I	E-mail address: (to be used for future annual	ıal repe	ort notifi	cation		
For fu	rther information concerning this matter,	please	call:			
	Kelsey Black	at (_	954	_)	320-6024	
	Name of Person			Area	Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	AILIN:	G ADDRESS:	
	Registration Section					
	Division of Corporations	Division of Corporations P.O. Box 6327				
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
	Tallahassee, Florida 32301		1 81	18118220	æ, rionga 32314	
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee		□ \$ 5	5 Filin	g Fee & Certified Copy	
INHSI	8 (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.

Name of the limited liability company:				Hairitage FTL LLC				
2.	(a)	Principal office address of limited liability company:	_	ъ)	Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)			
		3852 Country Club Lane			3852 Country Club Lane			
		Fort Lauderdale, FL 33308			Fort Lauderdale, FL 33308			
		7/6/23			L23000320385			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Elizabeth H. Peress						
	` '	Registered Agent and Registered Office shown on the records of t		<u> </u>				
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRES	<u>:S)</u>	-1 2			
		3852 Country Club Lane			024			
		Fort Lauderdale , FL		33308	TALLAHASS			
	(b)	Cogency Global Inc.						
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:				
		115 North Calhoun Street, Suite 4	1		AMIO: 03			
		NEW Registered Office Address:			2 3 W			
					-			
		Tallahassee , FL		32301				
the ag was the	e cha ent v is/we arti Signal	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the subsequence of a member of a member or authorized representative of a member oby accept the appointment as registered agent and agreems of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a subsequence of the subsequence of	the regability of the limited	istered offic company, it mited liabili liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany. Kelsey Black Printed or typed name of signee			
no	щиес	ely reflect a change in the registered office address, I had in writing of this change. Summer - PSSH SCCI	iéreby	confirm that	the limited liability company has been			
Si	gnatu	re of Registered Agent						