2003 LIMITED LIABILITY COMPANY

Mar 03, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M0200000193 02-14-2003 90064 020 ****50.00 1. Entity Name ALL ABOUT YOU SALON & SPA. LLC Principal Place of Business Mailing Address 5160 WEST RIVER DRIVE 5160 WEST RIVER DRIVE COMSTOCK PARK MI 49321 COMSTOCK PARK MI 49321 3. Mailing Address 2. Principal Place of Business 168 W. Dearborn St 168 W. Dearborn TO CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 30-0009302 City & State Englewood, Florida City & State Not Applicable Englewood \$5.00 Additional 5. Certificate of Status Desired Sarasota Sarasota 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Hart Betsy C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 168 W. Dearborn PLANTATION FL 33324 Zip Code 34223 Englewood 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of polistered agent. SIGNATURE X (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MAMAGA ☐ Addition **⊠** Change member, Celete MGR TITLE NAME TENELSHOF, JOHN J NAME STREET ADDRESS STREET ADDRESS 5160 WEST RIVER DRIVE CITY-ST-ZIP CITY-ST-ZP COMSTOCK PARK MI Addition member, manager TITLE ☐ Delete J. Har sy J. Hart hane NAME NAME STREET ADDRESS STREET ADDRESS Englewood. Florida 34223 CITY-ST-74P CITY-ST-ZIF MANAGE Change St Addition TITLE ☐ Celete NAME STREET ADDRESS STREET ADDRESS comstock Park, comsto Michigan 4932 CITY-ST-ZIP CITY-ST-ZIP ΠĪF Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ` Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

1 Feb03 (616) 866-291