Division of Corporations Electronic Filing Cover Sheet

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(((H11000220704 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number

: (850)878~5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

inail Address:

REGISTERED AGENT CHANGE ADERANS HAIR GOODS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00





COVER LETTER

Division of Cor	porations			•		
SUBJECT:	ADERANS HAIR GOODS, INC.					
	Nam	e of Corporat	on			
DOCUMENT NUMBI	TUMBER: F09000004938					
The enclosed Statement	of Change of Registered	Office/Agent	and fee are s	ubmitted for filing.		
Please return all corresp	ondence concerning this	matter to the i	following:	-		
	Jol	m Eenigenburg	,			
	Name	of Contact Pe	rson			
		ns Hair Goods,				
	Firm/Company					
	9100 Wilshire blvd, East Tower 9th Floor					
		Address				
		ly Hills, CA 90				
	City/S	tate and Zip C	ode			
		burg@aderana				
E-m	ail address: (to be used	for future ar	unual report	notification)		
For further information	concerning this matter, pl	case call:		·		
John	Eenigenburg	at (310	288-4441		
Name of	Contact Person	A	rea Code & I	Daytime Telephone Number		
Enclosed is a \$35.00 che	eck made payable to the I	Department of	State.			
	Mailing Address: Amendment Section		Street Add Amendme	ress: nt Section		
	Division of Corporatio	ns	Division of	f Corporations		
	P.O. Box 6327		Clifton Bu			
	Tallahassee, FL 32314			eutive Center Circle e, FL 32301		

CR2E045 (8/05)

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in orde			ed agent, or both, in the Sta	te of Florida.		
1. The name of	the corporation: ADERAI	NS HAIR GOODS,	INC.			
2. The principal	office address: 9100 Wil	shire bivd, East To	wer 9th Floor, Beverly Hills,	CA 90212		
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	12/11/2009	Document number:	1709000004938		
5. The name and Florida Depai	I street address of the current of State: (If resigne	rent registered age ed, enter resigned)	nt and registered office on f	ile with the		
	UNITED CORPORATE	SERVICES, INC.				
	9200 SOUTH DADELANE BOULEVARD, SUITE 508					
	MIAMI FL 33156					
6. The name and (if changed):	i street address of the new	registered agent	(if changed) and /or register	ed office		
	C T Corporation System			nich Litter och		
	c/o C T Corporation Syste					
	Plantation, Florida 33324	P.O. Box NOT a	corpuble			
The street address changed will	ess of its registered office be identical.	e and the street ac	dress of the business office	e of its registered agent,		
Such change wo outhorized by th	is authorized by resolutions board, or the corporation	on duly adopted to on has been notif	y its board of directors or lined in writing of the chang	by an officer so e.		
/ / *	ourpuburg		John Eenigenburg, Secretar			
hereby accept further agree to f my duties, an locument is bel	e at the appointment as regis the appointment as regis to comply with the provis a I am familiar with and ne filed merely to reflect been notified in writing	stered agent and a stons of all statute accept the obliga a change in the t of this change.	Panted in typed samingree to act in this capacity is relative to the proper an attion of my position as region is registered office address.			
By: CT	Corporation System		- 4			
-1. 17 2 gti	nature of Registered Agent		9/7/2011 Date			
l'signing on be	half of an entity:					
Yadira Gar	ccia ped or Printed Name					
• • • • • • • • • • • • • • • • • • • •	•	* FILING FEE	: \$35,00 * * *	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)