F9300004066

(Req	questor's Name)	<u></u>			
(Add	Iress)				
(Add	Iress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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TRANSMITTAL LETTER

: :

TO:	Amendment Section Division of Corporations				
SUBJECT: Supercuts Corporate Shops, Inc. (Name of corporation)					
DOC	UMENT NUMBER: F93000004066				
	enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.			
	e return all correspondence concerning this ma				
	Dennis E. Howarth				
(Name of person)					
	National Registered Agents, Inc. (Name	e of firm/company)			
<u> F</u>	P.O. Box 927	(Address)			
		(Address)			
	West Windsor, NJ 08550-0927				
		state and zip code)			
For fu	orther information concerning this matter, please	se call:			
Denr	nis E. Howarth (Name of person)	at (_800) 767-1553- Ext. 15 (Area code & daytime telephone number)			
Enclos	sed is a \$35.00 check made payable to the Dep	partment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

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

		red under the laws of the State of Delaware	in order
to change its reg	gisierea ojjice or regisierea ag	ent, or both, in the State of Florida.	
1. The name of	the corporation: Supercuts C	Corporate Shops, Inc.	
2. The principal	office address: 7201 Metro I	Boulevard, Minneapolis, MN 55439	
3. The mailing a	address (if different): 7201 Ma	etro Boulevard, Minneapolis, MN 55439	
4. Date of incorp	poration/qualification: 9/2/93	Document number: F93000004066	
	I street address of the current retirent of State:	egistered agent and registered office on file with the	05 OCT
	NRAI Services, Inc.		
	526 E. Park Avenue		
	Tallahassee, FL 32301		A1 9:
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office	14:6
	NRAI Services, Inc.		
	2731 Executive Park Driv	/e, Suite 4	
	(P.O. Bo)	x or personal mailbox NOT acceptable)	
	Weston, FL 33331		
The street addre	ss of its registered office and identical.	the street address of the business office of its registere	ed agent, as
Such change was the board, or the NRAIServices	s authorized by resolution du origination has been notified the registered sent	ly adopted by its board of directors or by an officer so d in writing of the change.	authorized by
	Lan Se	Dennis E. Howarth, President of	of NRAI Services, Inc
I hereby accept to I further agree to duties, and I am being filed merei	comply with the provisions familiar with and accept the ly to reflect a change in the rewriting of this change.	(Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete per obligation of my position as registered agent. Or, if t egistered office address, I hereby confirm that the cor	formance of my
by:	MINISTER OF Registered Acent	10/14/05 (Date)	
If signing on beh	Signature of Registered Agent)	(Date)	
	(Typed or Printed Name)	(Capacity)	
	(Typou of Timeu Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *