			INESS REP	OKI	ָ (טו	BR)	09- 1	16-2002 90	.08°002 370528	*****61.2
DOCUMENT # G70528 1. Entity Name HELENE'S, INC.							02 SEP 2			•
	- 0, 1110.						SECRETA	RY OF ST	"ልፕሮ	
Principal Bir	one of Rusins						TALLAHAS	SSEE, FLO	ORIDA	
Principal Place of Business Mailing Address 3665 E. BAY DRIVE 3865 E. BAY DRIVE							•			
SUITE 204-144 SUITE 204-144]				
LARGO FL 33771 US			LARGO FL 33771 US				I A co niu co n I eo n Co ier ann	1 (1) 1 1 1619 1 1612 013	Hi Gran ayan	t Bizil etan Jau
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number 59-2428278 Applied For			
Zip	. [Country	Zip .	Cour	ntry		5. Certificate of Status Desired		8.75 Ac	Not Applicab
	6. Name s	and Address of Current F	legistered Agent	1				, , ,	ee Requir	ed
MANCHO	ž ·-				-Name	M	7. Name and Address of New	1/		~
	60, Karen Bay Drive			Street	Address (P.	O. Box Number is Not Acceptal	1 <u>/2 // c</u> ple)	<u> </u>	30	
SUTIE 20					<u> </u>					
LARGO FL 33771						<u>830</u>	0-49-15	t. N.		
8 The above	n nomed anti-		City Pine			Pine	Mas Pari	₹ FL	Zip Goo	3781
the obligat	tions of register	red agent.	the purpose of changing it	s registere	ed office o	or registered	agent, or both, in the State of F	lorida. I am far	niliar with,	and accept
SIGNATURE .	_12	a han			M	lac. V	R.Mancuso	1/ 9	7 11	10
	Signature, typed or	printed name of registered agent and	title if applicable. (NO)	TE: Registered	Agent signa	dure required who	on reinstating)	P. /	-10-	02
9. This corpo	oration is eligible	e to satisfy its intangible	FILE NOW	III FEE	IS \$550	.00				
Tax filing re (See criter)	3, 2002 F	ee will i	be \$750.00	10. Election Campaign Fr Trust Fund Contribution	nancing on. \Box	\$5.0	О Мау Ве			
11.	·	OFFICERS AND DI	Make Check Paya		partmer					to Fees
TITLE	PVIS	· · · · · · · · · · · · · · · · · · ·	Delete	12. T/TLE		PT	ADDITIONS/CHANGES TO OF		7 —	
NAME STREET ADDRESS	MANCUSO,	Karen SD ' Drive, Suite 204-144	4	NAME		' '		2	Change	☐ Addition
CITY-ST-ZIP	LARGO FL 3	13771	•	STREE CITY-S	T ADORESS	}				
title	-	····	☐ Delete	TITLE		V.S				
IAME STREET ADDRESS				NAME		Mar	K R. Manc		Change	Addition
TY-ST-ZIP			•	STREET C/TY-S	ADDRESS	830	0-494-St.	v. /		,
ITLE			☐ Delete	TITLE	11-237	PINE	11a3 Park,	<u> </u>	78	/
IAME _	٠			NAME			_	U	Change	Addition
TY-ST-ZIP		•			ADDRESS		- ÷.		• .	-
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NAE Treet adoress				NAME	ľ		0 1 0		Change	☐ Addition
TY-ST-ZIP				STREET .	ADDRESS		$\chi(\zeta \Omega) \mathcal{D}$			}
TLE .			☐ Defete	TITLE	Lir		# 11-			
WE REET ADORESS	ራ የተፈና ማስያዊ ነፖር	A CONTRACTOR		NAME		v	\vee	Ü	Change	☐ Addition
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UE .			☐ Delete	TITLE	-21					
ME CET LOOPERS			- Oute	NAME	Ì				hange (☐ Addition
REET ADORESS Y-ST-ZIP				STREET A						ļ
. I hereby cer	tify that the info	rmation supplied with this	filing does not qualify for the	CITY-ST-		d in Sention	110.07/2//2 57- 11- 0			
of the corpor	unis report or s ration or the red t on an attachm	supplemental report is true ceiver or trustee empowers entagible an address	and accurate and that my d to execute this report as	signature required	shall have	e the same ter 607. Flori	119.07(3)(i), Florida Statutes. It legal effect as if made under or da Statutes; and that my name	urther certify that it am an	at the infor	rmation director
		only with an audress, with a	ui other like empowered.				721		k 11 or Blo - 20	ock 12 if
IGNATU	$n \in \mathcal{L}_{L^2}$	<u> </u>	With the second	シイのへ	Kal	cn/	Mancuso 9-	10.00		1
		MATURE AND TYPED OR PRINTE	D NAME OF BIGNING OFFICER OR	DIRECTOR			Cate	Daytime Pi	wa A	

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