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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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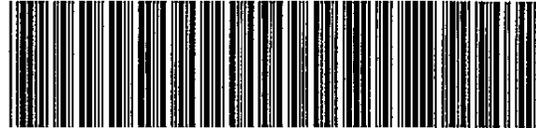
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03/02/04 10:01 AM EST
STATE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Masterstylist, LLC

DOCUMENT NUMBER: 104000001812

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Michael Muniz, Esq.
Buckingham, Doolittle & Burroughs, LLP
2500 North Military Trail, Suite 480
Boca Raton, FL 33431

For further information concerning this matter, please call:

H. Michael Muniz at 561-241-0414

Enclosed is a \$35.00 check made payable to the Department 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

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BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP

Attorneys & Counselors at Law

2500 North Military Trail Suite 480 Boca Raton, FL 33431
561.241.0414 Toll-Free 800.682.2825 Fax 561.241.9766 www.bdblaw.com

H. Michael Muñiz, Esq.
Direct Fax: 330.252.5298
E-Mail: mmuniz@bdblaw.com

Akron
Boca Raton
Canton
Cleveland
Columbus

March 25, 2004

Marsha Thomas
Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

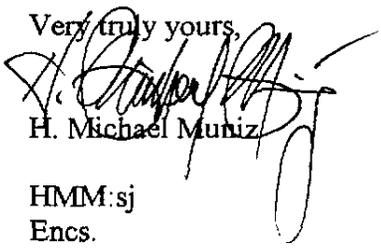
Re: Masterstylist, LLC
Ref. Number: L04000001812

Dear Mr. Thomas:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with your March 15, 2004 letter.

Please process. Thank you.

Very truly yours,


H. Michael Muñiz

HMM:sj
Encs.

«BOCA:66964_1»

04 MAR 21 PM 1:35
BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 15, 2004

H. MICHAEL MUNIZ, ESQ
BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP
2500 NORTH MILITARY TRAIL STE. 480
BOCA RATON, FL 33431

SUBJECT: MASTERSTYLIST, LLC
Ref. Number: L04000001812

We have received your document for MASTERSTYLIST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 304A00017088

MAIL ROOM

01 MAR 31 PM 1:35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability company is: MASTERSTYLIST, LLC
2. The mailing address of the limited liability company is: 5540 Via De La Plata Circle
Delray Beach, FL 33484

3. Date of filing/registration in Florida: 01/02/2004
4. Document number: LO4000001812

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

H. Michael Muniz, Esq.
Name
5540 Via De La Plata Circle
Address
Delray Beach, FL 33484
City, State and Zip

FILED
01/02/2004
11:35 AM
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

6. The name and address of the new registered agent and/or office:

BOB Agent Co. - Florida
Name
2500 N. Military Trail, Suite 480
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33431
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Annete Filippini
(Signature of a member or authorized representative of a member)
Annete Filippini
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314