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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Name of Limited Liability Company		
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Carlos Colon Name of Person		
	Salon House Calls LLC dba Rapunz Firm/Company		
	45 W Crystal Lake Str., Suite 197 Address	SECRETARY OF STATE ALLAHASSEE. FLORIDA	1. 1.
.	Orlando, FL 32806 City/State and Zip Code	PME: 2	トロワ
E	carlos@salonhousecalls.com -mail address: (to be used for future annual report notifica	ation)	
For fu	erther information concerning this matter, p	lease call:	
	Carlos Colon at ((407) 425-2504 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following an	nount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

... 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.

Name of the limited liability company:	Salon House Calls LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	45 W Crystal Lake Str, Suite 197 Orlando, FL 32806
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	45 W Crystal Lake Str, Suite 197 Orlando, FL 32806
06/19/2008	L08000060312
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Spiegel & Utrera, P.A.
Registered Office Address:	1817 Kalurna Court Orlando, FL 32806
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Carlos Colon
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	45 W Crystal Lake Street Suite 197 Orlando ,FL32806
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Carlos Colón Printed or typed name of signee	Florida street address of the registered office tical. Or, in the case of a Florida limited to was/were authorized by an address were
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I further agree to

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 of Registered Agent