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COVER LETTER

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TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	Chameleons Hair Studio, LLC Name of Limited Liability Company						
SUBJECT:							
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Char	nge and i	fee(s) are submitted for filing.			
Please returr	n all correspondence concerning th	is matte	r to the f	following:			
Kathleen l	Doyle						
	Name of Person			_			
Chameled	ons Hair Studio, LLC						
	Firm/Company			_			
2201 N O	ceanshore Blvd., Suite B						
	Address			-			
Flagler Be	each, FL 32136						
	City/State and Zip Code			_			
kdoyle152	21@gmail.com						
E-mail	address: (to be used for future and	nual repo	ort notifi	cation)			
For further i	information concerning this matter	, please	call:				
Kathleen l	Doyle	at (386	338-4202			
	Name of Person	(_		Area Code & Daytime Telephone Number			
Reg Div Clif 266	gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	closed is a check for the following	g amoui	nt:				
2 9	S25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy			
INHS18 (2/1	4)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Chameleons	Hair Sa	alon, LLC			
2. (a)		(1	o)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, 	_	f limited liability company: E POST OFFICE BOX)	
	2201 N Oceanshore Blvd., Suite B		2201 N	Blvd., Suite B		
	Flagler Beach, FL 32136		Flagler Beach, FL 32136			
	3/24/14		L140000)47710		
3.	Date of filing/registration in Florida	- 4.		Document nu	mber	
5. (a)	United States Corporation Agents, Inc.					
3. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	 ite:		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>S)</u>	-	ACC F		
	13302 Winding Oak Court, Suite A				图 易 型	
	Tampa , FL	33612		- -	SSS 1	
(b)	Yathleen Doule			_	AH II: 27	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	_	· 27	
	Kathleen Doyle				F	
	NEW Registered Office Address:			-		
	3 Sanchez Avenue			·		
	Palm Coast , FL	32137	,			
the cha agent was/w was/w the art Signa I here provis. the obs to mer notifie	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the flower of a member or authorized representative of a member oby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I with the proper and complete ligations of this thange.	f the reg ability c of the lir limited	istered officompany, it nited liabil liability co	ce and the busing is hereby confinity company or mpany. Printed or typed	ness office of the registered rmed that the change(s) as otherwise provided in	