L96000000613

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)							
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)							
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)							
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Certified Copies Certificates of Status	(Business Entity Name)							
	(Document Number)							
Special Instructions to Filing Officer:	Certified Copies Certificates of Status							
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Office Use Only



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B. KOHR

FEB 4 2008

EXAMINER

DORFEB -4 PM 1:37
SECRETARY OF STATE

		PORATE / CCESS, /	"When you need ACCESS to the world"						
	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666								
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[₁ /	1	РНОТОСОРУ	Pro of T						
],	cus							
<u>~</u>		FILING	Change of Megistered Again 30						
1.	H.A.	n'CUHERYO RPORATE NAME AND	OF North Florida, L.C.						
2.	(CO	RPORATE NAME AND	DOCUMENT #)						
3.	(CC	RPORATE NAME AND	DOCUMENT #)						
1.	(CC	RPORATE NAME AND	DOCUMENT #)						
5.	(CC	RPORATE NAME AND	DOCUMENT #)						
5.	(CC	RPORATE NAME AND	DOCUMENT #)						

SPECIAL INSTRUCTIONS:

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 limite	d liability company i	s: HAIR CUT	TERY OF NORTH FLORIC	DA, L.C
2. The mailing address o	f the limited liability	company is		
1577 SPRING HILL ROAD	#500, VIENNA, VA 22	182		
6/3/1996			L96000000613	
3. Date of filing/registrat	ion in Florida		4. Document numb	er
5. The name of the registe Florida Department of				26. 9
	TALLAHASSEE, FL	T, SUITE 1 Address		FEB-4 PH 1: 37 CRETARY OF STAT
6. The name and address	of the new registered	agent and/or	r office:	器二
	PARACORP INCO	RPORATE Name	D	7
	236 EAST 6TH AVE			
	Florida street addre	ess (P.O. Bo	k NOT acceptable)	
:	TALLAHASSEE,	FL 323	303	
	City,	State and Z	ip .	
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement By CREATURE HALLOW AND CREATURE HALLOW AN	hange or changes are the registered agent treby confirmed that the nited liability compant of the limited liabil	made, the F will be ident he change(s) by or as othe ity company	lorida street address of ical. Or, in the case of was/were authorized b rwise provided in the a	the registered office
(Signature of a member or author	ized representative of a men	iber)	- (\$()	
Lester D. Mari	diks		-	
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered is of all statutes relating accept the obligation his document is being that the limited liability of the control of th	agent and a ive to the pro- ons of my poor of filed to me lity company - Secte	1. 1	city. I further agree to ormance of my duties, ant as provided for in the registered office vriting of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00