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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALLY BEAUTY SUPPLY LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)	Ď
	10 T
1. Name of limited liability Company as it appears on the records of the Florida Department of	2
State: Sally Beauty Supply LLC	, F 10
Enter new principal office address, if applicable:	3. 夏
(Principal office address MUST BE A STREET ADDRESS)	EILED 18
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is: M0700001068	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 02/22/2007	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address	
. Florida	
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent: 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 605, 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.	
If Changing Registered Agent, Signature of New Registered Agent	

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Virginia 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Title/ Capacity	Name	Address	Type of Action			
			Remove			
			Add			
		. A 41 F GM1	Remove			
			Add			
			Remove			
			Add			
			Remove			
			Add			
			Remove			
aforementioned a	mendment(s), duly authenting the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records of the authorized representative	ords in the			

Filing Fee: \$25.00

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State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

Sally Beauty Supply LLC was duly organized under the laws of this Commonwealth as of March 29, 2018, pursuant to a certificate of domestication issued by the Commission. Immediately prior to said organization, its limited liability name was Sally Beauty Supply LLC and its jurisdiction of organization was Delaware.

Nothing more is hereby certified.

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18 APR 24 AM ID: 18
SECRETARY OF STATE
SECRETARY OF STATE



Signed and Sealed at Richmond on this Date: April 23, 2018

Joel H. Peck, Clerk of the Commission