

6/01/2033

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#5481 P.001/002

**N07000000019**

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE  
PERFECT LOOK INTERNATIONAL, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PERFECT LOOK INTERACTION, INC
2. The principal office address: 820 PALM BAY RD NE 114  
PALM BAY FL 32905
3. The mailing address (if different): P O BOX 1932  
MELBOURNE FL 32902
4. Date of incorporation/qualification: 12/28/2006 Document number: N07000000019
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

**ELLIOTT'S**

13309 NW 7 AVENUE

MIAMI FL 33168

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALANA GOODE**

1300 UNIVERSITY BLVD

P.O. Box NOT acceptable

MELBOURNE FL 32902

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Keray Ellick  
Signature of an officer or director

KERSEY ELLIOT

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

July 20 2015.  
Date

**If signing on behalf of an entity:**

Typed or Printed Name \_\_\_\_\_

\*\*\* FILING FEE: \$35.00 \*\*\*

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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