0037654



Hair Color Salon True Colors 333 17th Street Suite 1 Vero Beach, Florida 32960

6000005920266 -06/24/02--01038--003 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | TA TY I MANAGE TO THE | | |
|---|---|----------------------------|---------------|
| (Corporation Name) | (Document #) | | , ** |
| 2. | | 02 SE(TALL | |
| (Corporation Name) | (Document #) | JUL 15 RETARY AHASSE | , <u>:-</u> - |
| (Corporation Name) | (Document #) | M IO: O | |
| (Corporation Name) | (Document #) | A P | |
| ☐ Walk in ☐ Pick up time | | Certified Copy | |
| Mail out Will wait | Photocopy | Certificate of Status | • |
| NEW FILINGS | AMENDMENTS | | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Offi Change of Registered Ag Dissolution/Withdrawal Merger | cer/Director ent | |
| OTHER FILINGS | REGISTRATION/QUALIF | <u>ICATION</u> | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | | |
| P2F031(7/07) | Exa | miner's Initials | |

CR2E031(7/97)

TBROWN JUL 1 7 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 26, 2002 ⁻

TRUE COLORS HAIR COLOR SALON 333 17TH STREET, SUITE I VERO BEACH, FL 32960

SUBJECT: TRUE COLORS HAIR COLOR SPECIALIST, INC.

Ref. Number: P00000037654

We have received your document for TRUE COLORS HAIR COLOR SPECIALIST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

of your document, p.

O2 JUL 15 MMO:

CORPORATIONS

Letter Number: 002A00040938

Letter Number: 002A00040938

O2 JUL 15 MMO:

O2 JUL 15 MMO:

O2 JUL 15 MMO:

O3 JUL 15 MMO:

O4 JUL 15 MMO:

O5 JUL 15 MMO:

O6 JUL 15 MMO:

O7 JUL 15 MMO:

O8 JUL 15 MMO: Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Corporate Specialist



| AC | GENT OR BOTH FO | R CORPORA | TIONS | 7 |
|--|--|-------------------------|--------------------------------------|-------------------------------|
| Pursuant to the provisions the undersigned corporation | on organized under the law | vs of the State of $_$ | FIORIOM | |
| submits the following state | ement in order to change i | ts registerea ojjice | or registered a | geni, or boin, in |
| the State of Florida. 1. The name of the corpora | ation: TRUE Colo | rs Hair C | Polor Spi | EcialisTS, IA |
| | | 170705 | T Cuite | - T |
| 2. The mailing address of | the corporation: 333 | 1/SIREE. | 7 30/16- | |
| VERO BEACH | FLORIDA 329 | 960 | <u> </u> | |
| 3. Date of incorporation/c | qualification: $4/13/2$ | 000 Docum | ent number: P | 00000037654 |
| | of the current registered ag | | · | |
| | LANCH, MAR | | · - | |
| <i>à</i> - | 706 52 AU | | | |
| 1/0 | ern Beach E | , 32966 | | - e - |
| 5. The name and address | of the new registered agen | t (if changed) and/o | or registered offi | ce (if changed): |
| | (P. O. Box No | ot Acceptable) | | |
| MAR | iE/A GUANCH | | - | ·· · |
| 2056 | 6 CAVALLA ROAD | | | |
| VERO | BEACH, FLonidA | 32963 | | · |
| The street address of its | registered office and the s | treet address of the | e business office | of its registered |
| Such change was author authorized by the board. | ized by resolution duly ad | opted by its board | of directors or t | y an officer so |
| x Marila | Grench | e hoard) | (Date | 20/82 0 |
| (| r, chairman or vice chairman of the | | | |
| MARIELA GUA | WCH - PRESIDE ted or typed name and title) | N7 | *** | n was denoted the some second |
| corporation, I hereby ac | registered agent and to accept the appointment as r ly with the provisions of a es, and I am familiar with | 770 | to the proper an ligation of my p | nd complete osition as |
| \times Marie of (Signature of | Me Grave Fregistered Agenti) | h | (Date) | / D' A |
| If signing on behalf of an en | tity: | * 4 | REgistenes | Agest |
| MARIELA G | U AN CM | | (Capacity) | the second |