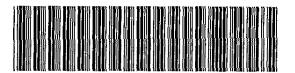
## P00000040024

(Requestor's Name)
(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:  Showla Thousand  Jave authorization  Jo make Corp address  Correction and ka  name Laddress.

Office Use Only



000041202180

19/24/04--01065--005 \*\*105.00

PILED

O4 SEP 24 PH 2: 23

SECREVANCE STATE

9/30 01 rd 1/4

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: In + Out Unisex Salon, Inc.
DOCUMENT NUMBER: POOOOO 40004
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHIWILA THORNTON (Name of Contact Person)
(Firm/ Company)
8931 Mary Church Ct. (Address)
Orlcludo F1 3281) (City/ State/ and Zip Code)
For further information concerning this matter, please call:
SHIWILA Thornton at (407) 234-5137 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassec, FL 32399

## 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 Floricle
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: In : Out Unisex Salon, incorporated
2. The principal office address: 38/W. Church St., Ste 3
Orkendo FI 32805
3. The mailing address (if different):
3. Allo Maning address (in different plane)
4. Date of incorporation/qualification: 4 17400 Document number: P00000040004
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Shiwika thornson = 2
8931 may church Cts &
Orlando 1×132811 1 2 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DANIEL GEDEON 37 3
2387 W. Church St., Ste 3 (P.O. Box NOT acceptable)
Orhando, FL 32805
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.
Shingild Willis Thornton Pres.  (Signature of an other or director)  Shingild Willis Thornton Pres.
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.
Manufacture of Registered Agent) : 09/19/04 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
AWIEL BELLEON (Typed or Printed Name)

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