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August 27, 2002

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Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Expressions Hair & Nail Salon, Inc.

Dear Sir or Madam:

Enclosed please find the original Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing together with our check in the amount of \$35.00 to cover the filing fee for the registered agent change of address.

Very truly yours,

Jennifer S. Eden

JSE:nc Enclsoures CRETARY OF STAT LLAMASSEE, FLORM

EP -3 AM II: 55

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

	provisions of sections 607.0502, 617.0502, 6 corporation organized under the laws of the S	•
submits the follo the State of Flor	owing statement in order to change its registe rida.	red office or registered agent, or both, in
1. The name of t	the corporation: EXPRESSIONS HAIR & NA	AIL SALON, INC.
2. The mailing a	address of the corporation: 108 McKey Stre	eet
	Ocoee, Florida	34761
3. Date of incor	poration/qualification: 10/26/2001	_ Document number: P01000103918
4. The name and	d address of the current registered agent and of	fice:
_	Jennifer E. Railey	
-	111 North Orange Avenue, Suite 120	00
	Orlando, Florida 32801	SEP F
5. The name and address of the new registered agent (if changed) and/or registered office if changed (P. O. Box Not Acceptable)		
	Jennifer S. Eden	
_	390 North Orange Avenue, Suite 600	ORDE
_	Orlando, Florida 32801	→
	ess of its registered office and the street addre ed, will be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by it ne board.	ts board of directors or by an officer so
	of an officer, chairman or vice chairman of the board)	Mug. 15, 2002
GlENDA	HOWARD TREASURER (Printed or typed name and title)	·
Having been na corporation, I h I further agree performance of registered agen	umed as registered agent and to accept servic vereby accept the appointment as registered a to comply with the provisions of all statutes r my duties, and I am familiar with and accept t.	ee of process for the above stated agent and agree to act in this capacity. The elative to the proper and complete the obligation of my position as
/ er	mejest Elee	8/27/02
If signing on behal	lignature of Registered Agent) Fof an entity:	(Date)
(Typed or Printed Name)	(Capacity)

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