21200116515 L. Jamolli 663 N.W. 151 Ave P. Pines, #1. 23028 600004947796 City/State/Zip Phone # -02/18/02---01045---012 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Pick up time Certified Copy Walk in Photocopy Mail out Will wait ☐ Certificate of Status **NEW FILINGS AMENDMENTS** □ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials \mathcal{P}

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 19, 2002

LILLIAN LAMOLLI 663 NW 151 AVE PEMBROKE PINES, FL 33028

SUBJECT: HEAVENLY HAIR, INC. Ref. Number: P01000116515

We have received your document for HEAVENLY HAIR, 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):

According to our records you are listed as a director only. Please correct your form accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 245-6957.

Pamela Smith Corporate Specialist Amendment Section

Letter Number: 302A00010184

FILED

02 MAR 18 PM 1:42

CALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Lillian Lamolli, hereby resign as Registered Agent
of Heavenly Hair, Inc. (Name of Corporation)
a corporation organized under the laws of the State of Florida
and affirm that the corporation has been notified in writing of the resignation.
Fellean Famolli
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314