

Division of Corporations

Florida Department of State
Division of Corporations
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Fax Number : (850)205-0380

From:

Account Name : LAW OFFICES OF IRMA V. HERNANDEZ
Account Number : 105336002774
Phone : (305) 557-4304
Fax Number : (305) 821 7846

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

DAY OF BEAUTY, INC

Certificate of Status	0
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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: DAY OF BEAUTY, INC.
2. The principal office address: 8261 NW 172 STREET, MIAMI, FL 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/20/2002 Document number: P02000055439
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State.

MERCEDES CABANZON8261 NW 172 STREETMIAMI, FL 33015

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

MIRIAM CONZALEZ16455 NW 67 AVENUE

(P.O. Box NOT acceptable)

MIAMI LAKES, FL 33014

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.

Irma V. Hernandez
(Signature of an officer or director)

MIRIAM CONZALEZ
(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.

Irma V. Hernandez
(Signature of Registered Agent)

9-15-04
(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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