P02000128471

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	ECT: Step Ahead Cosmetology School, Name of Corp	nc. poration)			
DOCU	JMENT NUMBER: P02000128471				
The en	closed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to	the following:			
	Garth D. Bonney, Esq. (Name of Conta	ct Person)			
	John L. Gioiello, P.A. (Firm/Com	pany)			
404 Jenks Avenue (Address)					
Panama City, Florida 32401					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
John L	Gioiello,	at (850) 763-9006 (Area Code & Daytime Telephone Number)			
	,				
Enclose	ed is a \$35.00 check made payable to the Departme	ent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent, or both, in the State of Flower to change its registered agent.	lorida	<u> </u>	-
1. The name of t	he corporation: Step Ahead Cosmetology School, Inc.			
	office address: 704 8th Street, Lynn Haven, FL. 32444			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: December 5, 2002 Document number: P0200012	8471		
	I street address of the current registered agent and registered office on file with tment of State:	the		
	Sandra Givins			
	704 8th Street	<u>₹</u>	유	
	Lynn Haven, FL. 32444	CRE (AH,	101	7
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	TARY OF ASSEE, F	NOV 22 PM	
	Peggy Coolidge	STA VIS	<u>~</u>	
	2317 Thomas Drive	が乱	22	
	(P.O. Box NOT acceptable)			
	Panama City Beach, Florida 32408			
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registere	i agen	t,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so		
(Signatu	The Finish SANDRA F. GIVINS (Printed or typed frame and titled)	Prosin	ler+	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete perfe agent. C confirm	orman r, if th that th	ce iis ie
Leggn	mature of Registered Agent) (Date)			-
(Si	hature of Registered Agent) (Date)			
If signing on be	half of an entity:			
(1	yped 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
CR2E045 (8/05)