## P03000022773

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ZIA Cha. Mm HISlat

## TRANSMITTAL LETTER

TO: Amer Divis	ndment Section sion of Corporations		
SUBJECT:_	THE CENTER FOR PERMANEI		
	(Na	me of corporation)	
DOCUMEN'	T NUMBER: P03000022773		<u> </u>
The enclosed	Statement of Change of Registered O	ffice/Agent and fee are	submitted for filing.
Please return	all correspondence concerning this ma	itter to the following:	
	MELANY W		
	A)	ame of person)	
	THE CENTER FOR PE		1C.
	(Nam-	e of firm/company)	_
	4545 NORTH OCEAN	BOULEVARD, SUITE 1	0B
		(Address)	
	BOCA RATO	N, FLORIDA 33431	
		state and zip code)	
For further in	formation concerning this matter, plea	se call:	
	, processing and matter, processing		
NACE AND COM	111781777		T00 T10 1
MELANY W	(Name of person)	at (561	702-7404 ea code & daytime telephone number)
	(runic or person)	(, ,,,	a code a any mile telephone manibely
Enclosed is a	\$35.00 check made payable to the De	partment of State.	
Ņ	Jailing Address:	<u>ş</u>	treet Address: mendment Section
A D	Amendment Section Division of Cornorations	A D	mendment Section
P	Division of Corporations O. Box 6327	- 4	ivision of Corporations 09 E. Gaines Street
1	allahassee, FL 32314	I,	allahassee, FL 32399

## FILED

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

change is submit	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ted for a corporation organized under the laws of the State of FLORIDA	his statement of in order			
to change its reg	istered office or registered agent, or both, in the State of Florida.				
I. The name of the	ne corporation: THE CENTER FOR PERMANENT MAKEUP, INC.				
2. The principal of	office address: 4545 North Ocean Boulevard, Suite 10B, Boca Raton, FL 33431				
3. The mailing ac	ldress (if different):				
4. Date of incorp	oration/qualification: 2/25/03 Document number: P03000022773				
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:				
	2				
	APR RET				
	Tallahassee, FL 32301	ARY C			
6. The name and (if changed):	APR -8 AM 10: 03  CRETARY OF STATE LASSEE, FLORIC				
	Melany Whitney	7			
4545 N. Ocean Boulevard, Suite 10B					
(P.O. Box or personal mailbox NOT acceptable)					
-	Boca Raton, FL 33431				
The street address changed will be	s of its registered office and the street address of the business office of its registered identical.	ed agent, as			
Such change was the board, or the	s authorized by resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	authorized by			
Mely	and the desired of th	dent -			
I hereby accept t I further agree to duties, and I am being filed merel	()  The appointment as registered agent and agree to act in this capacity, on comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, if it is to reflect a change in the registered office address, I hereby confirm that the corn writing of this change.	•			
Wels	Whit 4/2/04				
If signing on beh	alf of an entity:				
<i>G</i> · <i>G</i> · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
	(Typed or Printed Name) (Capacity)				

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