(Requestor's Name) (Address)	700108464457
(Address)	700100404437
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/04/0701046001 **35.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	FILED 07 SEP-4 M 9:1 SECRETARY OF STAIL TALLAHASSEE, FLORI

Office Use Only

COVER LETTER

Division of Corporations	
CURRED VAS SALON CORPORATION	
SUBJECT: VAS SALON CORPORATION (Name of Corporation)	
DOCUMENT NUMBER: P03000076754	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sharon K. Murphy	
(Name of Contact Person)	
VAS SALON CORPORATION	
(Firm/Company)	
1446 Crocus Court (Address)	
(Address)	
Languaged Florida 22750	
Longwood, Florida 32750 (City/State and Zip Code)	
For further information concerning this matter, please call:	
To father mormation concerning and matter, prease can.	
Sharon K. Murphy at (407) 902-7711 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Street Address: Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

CR2E045 (8/05)

TO: Amendment Section

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

statement of cha	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	ne corporation: VAS SALON CORPORATION
	office address: 1446 Crocus Court, Longwood, Florida 32750
3. The mailing a	ddress (if different): same
4. Date of incorp	poration/qualification: 07/14/03Document number: P03000076754
	street address of the current registered agent and registered office on file with the tment of State:
	Murphy, Sharon K.
	172 Triplet Lake Drive
	Casselberry, Florida 32707
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Sharon K. Murphy
	1446 Crocus Court
	(P.O. Box NOT acceptable) Longwood, Florida 32750
The street addre	ess of its registered office and the street address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
(Signati	Sharon K. Murphy, President (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is ber	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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the spen notified in writing of this change.
	August 24, 2007
	gnature of Registered Agent) SHARON K. MURPHY chalf of an entity:
(Typed or Printed Name)

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