2005 FOR PROFIT CORPORATION

FILED DOCUMENT # P03000111026 SECRETARY OF STATE DIVISION OF CORPORATIONS MARLENE'S DAY SPA & SALON, INC. 05 JAN 24 AM 8: 56 Principal Place of Business Mailing Address 101 WEST POLO PARK 101 WEST POLO PARK DAVENPORT, FL 33837 DAVENPORT, FL 33837 2. Principal Place of Busine Suite, Apt. #, etc. 01142005 REIN-P CR2E098 (6/04) 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name JORDAN, EDWARD P.ILESO. Street Address (P.O. Box Number is Not Acceptable) 1460 EAST HIGHWAY 50 CLERMONT, FL 34711 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Change ■ Addition TIΠE ☐ Delete ROZAR, MARLENE NAME NAME 100045454051 /26/05--01045--007 **300.00 STREET ADDRESS 101 WEST POLO PARK STREET ADDRESS DAVENPORT, FL 33837 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY+\$1+7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Marlene's Pay Spa & Salon

> To whom my Concern; I am writing this letter to let the state from that I didn't opt my form to pay for my corpution Fee If it was sent I desert see it myself. So I do need to reinstatement my corporation And pay my Frees. I will see that is payed on time in the Juliu . Jam Sorry and this who pipen. I think their my Gwont Deak Manager was the Phoblem. Shope this helps to out this taken care of as Soon as

Hunk Jon Hunk Jon Marlenckoga ned 800 - 20 raga Marlenckoga

101 Polo Park West, Suite 3 • Davenport, FL 33837 Phone: 863-420-7999 • Toll-Free: 1-866-420-7999 • Fax: 863-420-1079