P04000055751

(Requestor's Name)				
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(Cit	y/State/Zip/Phone			
(Cit	y/State/Zip/mitorie	: #)		
PICK-UP	MAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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TALLAHASSEE, FLORIDA

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COVER LETTER

	nendment Section vision of Corporations	
SUBJECT	Reflections Salon Inc.	oration)
	D04000057754	,
DOCUME	NT NUMBER: P04000055751	
The enclose	ed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please retu	rn all correspondence concerning this matter to	the following:
	Rex Burns	
	(Name of Contact	et Person)
	Reflections Salon Inc.	
	(rim/Comp	any)
	1880 Sunrise Dr. SW	
	(Address	3)
	Vero Beach, FL 32962	
	(City/State and 2	•
For further	information concerning this matter, please call	
Rex Burns		at (772) 770-2181 (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	nt of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahacces El 32301

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

statement of cha	- · · · · · · · · · · · · · · · · · · ·	1502, 607.1508, or 617.1508, Florida Stanized under the laws of the State of $_$ istered agent, or both, in the State of F	Florida
1. The name of	the corporation: Reflections Salon Inc.	·	
2. The principal	office address: 1360 US Hwy. 1 Ste. 2	2 Vero Beach, FL 32960	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 04/01/2004	Document number: P040000	155751
	d street address of the current registered rtment of State:	d agent and registered office on file wit	h the
	Legal Zoom Nevada, Inc.		
	44 W. Flagler St. Ste. 675		
	Miami, FL 33130		2001 7001 7001
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered offi	SE N T
	Rex Burns		77 3 6
	1880 Sunrise Dr. SW		1 4: 22 SIATE ORIBA
	(P.O. Box NOT accepta	ible)	> \\\
	ess of its registered office and the stre l be identical.	eet address of the business office of its oted by its board of directors or by an notified in writing of the change,	
(Signal	here of an officer or director)	Rex Burns Director (Printed or typed name and to	itle)
I hereby accept I further agree of my duties, ar document is be corporation ba	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing fited merely to reflect a change in s been novified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and com obligation of my position as registered the registered office address, I hereb ge.	aplete performance I agent. Or, if this by confirm that the
(ft		03/16/2006	
	ehall of an entity:	(Date)	
C	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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