P05000011287

(Requestor's Name)						
(Address)						
(Addre	255)					
(City/S	State/Zip/Phor	ne #)				
PICK-UP	TIAW [MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Fil	ing Officer:					
			}			

Office Use Only



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OS AUG 23 PH 12: 42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 24 2005

T Smith

COVER LETTER

TO:	Amendment Se Division of Co	ction porations					
SUBJ	ECT:	Elegant Barber Shop					
~	<u></u>	(Name of corporation)					
DOC	UMENT NUMB	ER: P05000011287					
The e	nclosed Statemen	of Change of Registered Office/Agent and fee are submitted for filing.					
Please	e return all corres	condence concerning this matter to the following:					
		Rocio Rodriguez					
		(Name of contact person)					
Elegant Barber Shop							
		(Firm/Company)					
11100 SW 216 ST. (Address)							
		(1.1011.000)					
		Miami, FL 33170					
		(City/state and zip code)					
For fu	irther information	concerning this matter, please call:					
	Rocio Rodrig	uezat (786) 553-5751					
	(Name	uezat (786) 553-5751 of contact person) (Area code & day time telephone number)					
Enclo	sed is a \$35.00 cl	eck made payable to the Department of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

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

statement of char	ige is submitted for a	corporation organized	07.1508, or 617.1508, F Lunder the laws of the St Lagent, or both, in the St	tate of Florida		
1. The name of the	ne corporation:	Elegant Barber	Shop (orp			
	. The principal office address: 11100 SW 216 ST Miami, FL 33170					
3. The mailing ac	idress (if different):_	Same as above	<u>^</u>			
4. Date of incorp	oration/qualification:	1/21/2005	Document number:	P05000011287		
5. The name and Florida Depart		current registered agen	t and registered office or	n file with the		
		Rocio Rodriguez	<u>,</u>			
		11100 SW 216 ST				
		Miami, FL 33170				
6. The name and street address of the new registered agent (if changed) and /or registered office R (if changed):						
		Luis Angel Lozada		RYCE SSEE		
		11100 SW 216 ST.	<u></u>	그것 로 디		
	((P.O. Box NOT acceptable)		JATI ORIE		
		Miami, FL 33170	<u> </u>	≥m N		
The street addre	ss of its registered o be identical.	ffice and the street add	dress of the business of	fice of its registered agent,		
Such change wa authorized by th	s authorized by resone board, or the corp	olution duly adopted by oration has been notifi	y its board of directors of the cha	or by an officer so		
126C	202		Rocio Rodriguez/	CEO and Registered Agen		
	ne of an officer or director)		(Printed or typed			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as to comply with the pid I am familiar with filed merely to refeen notified in wri	registèred agent and a rovisions of all statute and accept the obliga flect a change in the r iting of this change.	igree to act in this capa s relative to the proper tion of my position as r egistered office address	city. and complete performance egistered agent. Or, if this s, I hereby confirm that the		
XXX	m.		8/12/20	005		
	mature of Registered Agent)	(Date	5		
If signing on be	half of an entity:		**			
	ant Barber Shop					
- 0	Temed on Drinted Mome)					

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