Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addre	ess:
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REGISTERED AGENT CHANGE HOUSTON BEAUTY LOUNGE LIMITED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

H14000273063

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HOUSTON BEAUTY LOUNGE LIMITED, INC. 2. The principal office address: 555 NE 185 STREET SUITE 101 MIAMI, FL 33179
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/18/2005 Document number: P05000153612
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
M&M RA Services, LLC
3001 SW Third Avenue
Miami, FL 33129
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410
The street address of its registered office and the street address of the business office of its registered agent; as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Tim Pratts, Attorney-in-Fact
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent, Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
11/24/2014
Signature of Registered Agent Date
If signing on behalf of an entity: Timothy Pratts, Special Secretary
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
H14000273063 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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

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