

PD7000026766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

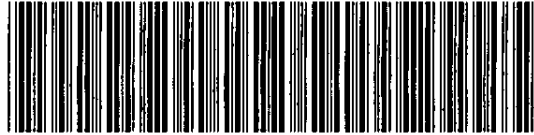
(Business Entity Name)

(Document Number)

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2008 SEP -8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shear Colors Hair Studios
(Name of Corporation)

DOCUMENT NUMBER: PO 7000026766

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:

Bert Rasmussen
(Name of Contact Person)

(Firm/Company)

PO Box 1772
(Address)

Ponte Vedra Beach FL 32004
(City/State and Zip Code)

For further information concerning this matter, please call:

Bert Rasmussen at (904) 398-9031
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 SEP -8 PM 2:04


**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, MARK BOSMAN, hereby resign as President
(Title)

of Shear colors Hair studios, Inc.
(Name of Corporation)

PO 70000 26766, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 President
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314