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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MILLY'S BEAUTY SALON, INC

Name of Corporation

DOCUMENT NUMBER: P07000110056

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:

MEJIA, MILAGROS A

Name of Contact Person

Firm/Company

8151 NW 24th STREET

Address

SUNRISE, FL 33322

City/State and Zip Code

MILAGROS.MEJIA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILAGROS A MEJIA

954 446-4819

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

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

statement of cha	nge is submitted for a c	corporation organ	12, 607.1508, or 617.1508 nized under the laws of the ered agent, or both, in the	e State of FLORIDA		
1. The name of t	he corporation:	MILLY'S BE	AUTY SALON, INC	D		
2. The principal office address: 2686 N UNIVERSITY DR						
		SUNRISE,	FL 33322			
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification:	10/04/2007	Document number	P0700011005	6	
	street address of the comment of State: (If resign		gent and registered officeed)	on file with the		
	RODRIGUEZ, J	OHANNA (F	RESIGNED)			
	1913 SW 67th A	VENUE				
	NORTH LAUDE	RDALE, FL	33068			
6. The name and (if changed):	street address of the n	ew registered agei	nt (if changed) and /or reg	~	SECF	
	MILAGROS A M	1EJIA			HAS	
	8151 NW 24th S	STREET		7 7	3355 84.0	
P.O. Box NOT acceptable SUNRISE, FL 33322						
	SUNRISE, FL 3			<u> 2</u>	ORIG ORIG	
The street addre as changed will	ss of its registered offi be identical.	ce and the street	address of the business o	office of its registered ap	gefit,	
Such change wa authorized by th	s authorized by resolu e board, or the corpora	tion duly adopted ation has been not	by its board of directors tified in writing of the ch	or by an officer so lange.		
Milleg	e of an officer or director		MILAGROS A MI	1	<u> </u>	
– I turther aoree t	the appointment as res	vicione of all ctati	d agree to act in this cap ites relative to the prope ccept the obligation of m ect a change in the regist writing of this change.	acity.	i	
Miloga	onsuli	a	SEPTEMBE	R 13th, 2012		
If signing on bel	nature of Registered Agent		Date	e		
	ped or Printed Name					
	*	* * FILING FE	E: \$35.00 * * *			

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