

P07000117583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

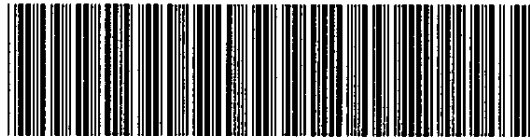
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

7-9-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAIR Du Soleil, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 107000117583

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:

Maria M Brown  
Name of Contact Person

HAIR Du Soleil Inc.  
Firm/Company

805 Turner St.  
Address

Clearwater FL 33756  
City/State and Zip Code

mmbsoleil@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria M Brown at (727) 441-8586  
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**

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: HAIR DU SOLEIL, Inc.
2. The principal office address: 805 Turner St.  
Clearwater FL 33756
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/26/07 Document number: P07000117583
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)

Joel E Berman  
9889 82nd St. N.  
Largo FL 33777

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIA M Brown  
327 Wildwood way  
Belleair, FL 33756

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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.

Maria M Brown Maria M Brown Pres  
Signature of an officer or director Printed or typed name and title

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.

Maria M Brown 6/29/09  
Signature of Registered Agent Date

If signing on behalf of an entity:

MARIA M Brown  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314