P09000088514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3/25/14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2014

SARA BLISS
7401 N FEDERAL HWY STE 117
BOCA RATON, FL 33487

SUBJECT: SARA GOLDIE HAIR INC.
Ref. Number: P09000088514

We have received your document for SARA GOLDIE HAIR INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 714A00006284

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sara Goldie Hair INC
Name of Corporation

DOCUMENT NUMBER: P09000088514

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:

Sara Bliss
Name of Contact Person

"Sara Goldie Hair INC"
Firm/Company

I am mailing this form to change my business (principal) address. Mailing address remains the same

new: 7101 N. Federal HWY Suite 117
Address

Boca Raton, FL 33487
City/State and Zip Code

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

For further information concerning this matter, please call:

Sara Bliss at (850) 445-2697
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

CR2E045 (03/12)

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 FL

SB *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Sara Gold Hair, INC.

2. The principal office address: 7401 ~~[illegible]~~ N. Federal hwy, Suite 117
Boca Raton FL 33487

3. The mailing address (if different): 1366 SW 12th ave
Boca Raton FL 33486

4. Date of incorporation/qualification: 10.27.09 Document number: P09000085514

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)

~~1660 Linton Blvd Suite 109~~
~~Delray Beach FL 33444~~
1366 S.W. 12th Ave, Boca Raton, FL 33486

Change from this

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

7401 North Federal Hwy Suite 117
Boca Raton FL 33487
P.O. Box NOT acceptable

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.

SB — Sara Bliss
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.

SB — 3.24.14
Signature of Registered Agent — Date

If signing on behalf of an entity:

Sara Bliss
Typed or Printed Name

FILED
MAR 25 PM 1:50

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

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