P1000064774

Office Use Only



000185474480

09/22/10--01017--007 **35.00

RA Change



9/23/10

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: BEAUTY SYSTEMS OF THE AMERICAS INC Name of Corporation |
| DOCUMENT NUMBER: P100000 64774 |
| 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: |
| TROY SHANDISH Name of Contact Person |
| BEAUTY SYSTEMS OF THE AMERICAS INC |
| 337 NE 3RO AVE Address |
| DANIA BCH KIA 33004 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TROY SHAWOISH at (954) 608 6664 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 pr statement of chang in order | ge is submitted fo | | rganized und | er the laws of | the State of | FloRIP | <u>a</u> |
|---|--------------------------------------|--|---|--|--|--|---------------------|
| 1. The name of the | e corporation: | REAUTY | System | 5 067 | he A | nercos | INC. |
| 2. The principal of | ffice address: | 337 Ne | 360 1 | ave | <u> </u> | , , , , , , , , , , , , , , , , , , , | |
| DAW | A BCH | HOK! | OA | 33004 | | | |
| 3. The mailing add | dress (if different |): | | ··· <u>-</u> | | · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incorpo | ration/qualificati | on: <u>Avg</u> 6 | 20,0 Do | cument numb | er: <u>P/90</u> | 000 647 | 74 |
| 5. The name and s Florida Departn | | he current register resigned, enter res | | registered offi | ce on file w | | |
| <u>-</u> | LAURE | U E DO | 77 | | | - 5 g | |
| _ | 567. | 5 COAS | TAZ 6 | PRINC | | 123 | |
| | Boca | S COAS | N FI | 3340 | 87 | TALLAHASSEE Fice | , LL |
| 6. The name and s (if changed): | | _ | • | , | Ü | fice The same | ₹ 5.2. ₹ |
| _ | TROY | STANO | 111-1 | | | _ 5.1 | Ü. |
| _ | 337 | Ne 300 P.O. Box | AUE | | | _ | |
| _ | DAN | A BCH | 61 33 | 2004 | | _ | |
| The street address as changed will be | of its registered e identical. | d office and the st | reet address | of the busines | s office of i | ts registered ago | ent, |
| Such change was authorized by the | authorized by re board, or the co | esolution duly add rporation has bee | pted by its b | oard of direct writing of the | ors or by ar change. | officer so | |
| Lower | of an officer or directo | 4 | | aurer | 1 20 | yty | |
| I hereby accept th I further agree to of my duties, and document is being corporation has b | | · • | t and agree is statutes rela obligation o in the registe nge. | to act in this c tive to the pro f my position red office ada | capacity. oper and cor as registere lress, I here | nplete performed agent. Or, if by confirm that | ince this the |
| - | ure of Registered Age | | | EP+ 2 | 6 2e | 10 | |
| J | 5 5 | nt | | | Date | | _ |
| If signing on beha | • | | | | | | |
| TROY | S-DW/ | WI H | | | | | |
| 71. | | | | | | | |

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