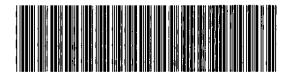
P10000084331

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SECRETARY OF STATE SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

Division of Corporations					
SUBJECT: SONNY SALON INT'L, INC. Name of Corporation					
DOCUMENT NUMBER: P10000084331					
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:					
SHLOMI ASAYAG Name of Contact Person					
Name of Contact Person					
CONDIN CALON INTH INC					
SONNY SALON INT'L INC. Firm/Company					
Company					
2133 STIRLING ROAD					
Address					
DANIA. FL 33312					
DANIA, FL 33312 City/State and Zip Code					
SHAMPOOSALON1@HOTMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SHLOMI ASAYAG at (954) 692-4494					
SHLOMI ASAYAG at (954) 692-4494 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 Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

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

statement of che	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of FLORIDA		
1. The name of	the corporation: SONN	NY SALON IN	IT'L. INC			
2. The principal	office address: 2133 S	TIRLING ROAL	D, DANIA, FL 33312			
3. The mailing a	address (if different): 21	33 STIRLING R	OAD, DANIA, FL 333	312		
4. Date of incor	poration/qualification:	10/14/2010	Document number:	P10000084331		
	d street address of the cur rtment of State: (If resign		nt and registered office on f	file with the		
	ASAYAG, SHLOM	<u> </u>				
	2312 ANCHOR CT	-				
	DANIA, FL 33312					
6. The name and (if changed):	street address of the nev	w registered agent (i	f changed) and /or register	red office		
	ASAYAG, SHLOM	<u> </u>		S S S S S S S S S S S S S S S S S S		
	ASAYAG, SHLOMI 2133 STIRLING ROAD 203 STIRLING ROAD					
	DANIA, FL 33312	P.O. Box NOT ac	ceptable	ARPON S		
The street addre		e and the street add	dress of the business office	e of its registered avant,		
Such change wa authorized by th	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so		
Signatui	op of an officer or director		SHLOMI A	SAYAG		
I hereby accept I further agree to of my duties, and document is bei	– the annointment as revi	sions of all statute: l accept the obliga t a change in the re	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	7		
			10-4- 20	1/		
J	nature of Registered Agent		Date			
It signing on bel	half of an entity:					
S'ALON T)	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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