## P100000

## 94230

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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
ROCK PAPER SCISSC		
N	ame of Corporation	
DOCUMENT NUMBER: P100000	94230	
The enclosed Statement of Change of Registe	red Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning t		
DEBORAH H		
Na	me of Contact Person	
ROCK PAPER SC	ISSORS HAIR SALON INC	
	Firm/Company	
700 SW 78TH	∮ AVE, #115	
	Address	
PLANTATION, FL 33324		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter	r, please call:	
DEBORAH HARRING	TON 954 370-9351	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to	he Department of State. I	
Mailing Address: Amendment Sectio	Street Address: Amendment Section	
Amenament Section Division of Corpor		
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32		
	Tallahassee, FL 32301	

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

statement of change is submitted for a corpor in order to change its registered off	02, 617.0502, 607.1508, or 617.1508. Florida Statutes, this attion organized under the laws of the State of FLORIDA ce or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ROCK PA	APER SCISSORS HAIR SALON INC	
2. The principal office address: 700 SW 7 PLANTATION, FL 33324	'\$TH AVE. #115	
3. The mailing address (if different): 700 S	W 78TH AVE. #115	
4. Date of incorporation/qualification: 11/1	7/2010 Document number: P10000094230	
	registered agent and registered office on file with the	
1874 NW 107TH A	/E	
PLANTATION, FL 3	33322	
6. The name and street address of the new re (if changed):	gistered agent (if changed) and /or registered of the first of the fir	
700 SW 78TH AVE	#115 S3324 SB S	
PLANTATION, FL 3	23324 S S S S S S S S S S S S S S S S S S S	
as changed will be identical.	d the street address of the business office of its registered agent, but adopted by its board of directors or by an officer so has been notified in writing of the change.	
Airporture of an infector director	DEBORAH HARRINGTON  Printed or typed name and title	
hereby accept the appointment as register Murther agree to comply with the provision performance of my duties, and I am familia agent. Or, if this document is being filed make the corporation has been been performanced in the corporation of the provision has been performanced in the corporation of the performanced in the corporation has been performanced in the corporation of the performanced in the corporation of the performanced in the performance in the p	s\of`all statutes relative to the proper and complete with and accept the obligation of my position as registered excly to reflect a change in the registered office address, I	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
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