## 73000080075

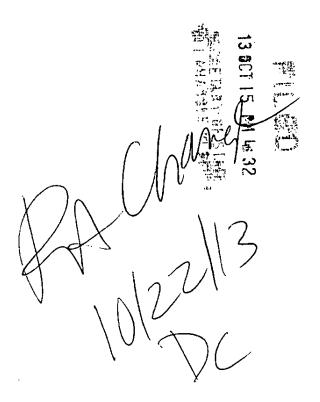
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

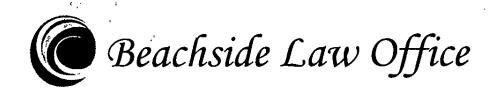
Office Use Only



900252526869

10/15/13--01054--001 \*\*35.00





Irene Fonzi, P.A.

Telephone: (321) 777-1191 Fax: (321) 574-4226 Email: ifonzi@fonzilaw.com

October 8, 2013

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Blow Dry Orlando #1, Inc. Date of Registration: 9/30/2013 Document #: P13000080075

Please find enclosed Certificate Designating Change of Registered Agent from Filings, Inc. to Irene Fonzi, Esq., Beachside Law Office, 1402 Highway A1A, Suite A, Satellite Beach, FL 32937.

Also enclosed please find Irene Fonzi, P.A. check made payable to the order of the Department of State in the sum of \$35.00 representing the fee for this submission.

Thank you for your assistance.

Sincerely,

Irene Fonzi, Esq.

CERTIFICATE DESIGNATING CHANGE

OF

REGISTERED AGENT

In compliance with section 607.0501, Florida Statutes, the following is submitted:

- 1) Name of the Corporation is Blow Dry Orlando #1, Inc.
- 2) The date of filing or registration in Florida was 9/30/2013
- 3) The document number is \$\rangle 13000080075
- 4) The current Registered Agent is Filings, Inc., and the street address of the Registered Office is 3732 N.W. 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311
- 5) The name of the successor Registered Agent is Irene Fonzi, Esq.

  Beachside Law Office

  6) The street address of the new Registered Office is 1402 Highway AIA, Suite A

  Satellite Beach, Fc 32937
- 7) Such change of Registered Agent and Registered Office was authorized by an Officer of the Corporation, so authorized by the Board of Directors.

Date: 10/5/13 Signature Prosicent

Having been named to accept service of process for the above named Corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

Date: 10/5/13

Signature flene for