P93000077656

/ (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2009 JUN 19 PH 4: 22

R.A.

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6/13/09

COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: VIP Hair Studio Inc. Name of Corporation
DOCUMENT NUMBER: P 93 0000 77656
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:
Name of Contact Person
Name of Contact Person
Firm/Company
710 Washington Ave CT
Address Address
Ming: Bank F1 33139 City/State and Zin Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 672 3194 Area Code & Daytime Telephone Number
reaction of Contact reison 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

statement of char	provisions of sections 607 nge is submitted for a con to change its registered	poration organiz	ed under the laws	of the State of _	Flun	'dy	
1. The name of the	ne corporation:	V.1.P.	Hair	Stud;	J	~ ~ (.	
2. The principal of	ne corporation:	710 W	nshing to	N Ave	<i>C</i>	フ	
	ddress (if different):				5197		
4. Date of incorp	oration/qualification:	1/04/93	Document nu	mber: <u>\$\mathcal{O}^2 9\$</u>	3000	00.7	7656
	street address of the curr ment of State: (If resigne		_	office on file wit	th the		
•	Micha	. 1 D.	2/15		_		
	710 u	Jashing	ton Av.	67	- IA _S	20	
	M,-m.	· Be-cl	ton Av.	33139	ECRE!	NOF 60	77
6. The name and (if changed):	street address of the new Loral	registered agent	(if changed) and /	or registered off	ARY OF ASSEE, F	19 PM	
	Lord	Vin	erman	•	STAT LOR	ŧ.	D
	Lord 710 W	nghim BORON NOT	Ava	c 7	- D A	22	
	Miani	Beneik	FI 3	3139			
The street addre	ss of its registered offic					d agent	· ·•
. •	s authorized by resolutive board, or the corporat	on duly adopted ion has been not	by its board of di fied in writing of	rectors or by an the change.	officer so		
Loren	e of an officer or director	-	Lore	لر س الم	ر د-م هــ ااد	<u></u>	
I hereby accept I further agree t	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and sions of all statu laccent the oblid	agree to act in the tes relative to the	his capacity. proper and con	nplete perfe d agent - C	ormano or if th	ĹS
Com	Virdenin		6/13	101			
, -	nature of Registered Agent	•		Date	٠		
If signing on be	half of an entity:			•			
Ту	yped or Printed Name	<u> </u>					

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 * * *