

P94000010945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

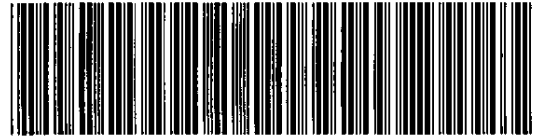
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900183349709

900183349709
07/16/10--01012--009 **35.00

FILED
10 JUL 16 PM 2:46
FALLAI/ASSISTED FLORIDA

RACON
5/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hair & Accessories, Inc
Name of Corporation

DOCUMENT NUMBER: P94000010945

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:

Iyad Hammad
Name of Contact Person

Hair & Accessories, Inc
Firm/Company

4620 NW 135th ST
Address

Opa Locka FL 33054
City/State and Zip Code

reni@uniquehairextensions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renata Polanco at 954, 989-7990 ext 104
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 provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hair & Accessories, Inc.
2. The principal office address: 4620 NW 135th ST, Opa Locka, FL
33054
3. The mailing address (if different): P.O. Box 771136, Coral Springs, FL
33077
4. Date of incorporation/qualification: 11/31/1994 Document number: P94000010945
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Iyad Hammad
4000 NW 124th Ave
Coral Springs, FL 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Iyad Hammad
4620 NW 135th ST
Opa Locka, FL 33054

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Iyad Hammad
Signature of an officer or director

Iyad Hammad / President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Iyad Hammad
Signature of Registered Agent

7/12/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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