2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am DOCUMENT # P9500051427 Secretary of State HAIR CUTS BY JOE COOL, INC. 03-17-2000 90013 046 ***150.00 Principal Place of Business Mailing Address 1460 GOLDEN GATE PARKWAY, #104 1460 GOLDEN GATE PARKWAY, #104 NAPLES FL 34105-3128 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0589196 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANNICANDRO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1460 GOLDEN GATE PARKWAY, #104 NAPLES FL 33942 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete SANNICANDRO, JOSEPH NAME STREET ADDRESS 1460 GOLDEN GATE PARKWAY, #104 STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like approvered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE WILL Semmed

STREET ADDRESS

3/13/00

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