6000055634 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): ~ (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Walk in Pick up time Certificate of Status Photocopy Will wait Mail out AMENDMENTS. NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

10-22



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 13, 1999

JERROLD S. STERN ATTORNEY AT LAW P.O. BOX 112 SANIBEL, FL 33957

SUBJECT: PATS HAIR KAIR, INC.

Ref. Number: P96000055634

We have received your document for PATS HAIR KAIR, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file your document is \$35.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut Corporate Specialist

Letter Number: 299A00049454

RECEIVED
99 OCT 21 PH 3: 39
DIVISION OF CORPORATIONS

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR FOR FORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State ofFlorida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Pat's Hair Kair, Inc.
1b. The mailing address of the corporation is: ZZ48 Periwing WAY #9 SAN(BEL, FL 3-39,17
1c. Date of incorporation: 7/1/96 Document number: 7/1/96 Document number: 7/1/96 Patricia A. Crysler
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(P.O. Box Not Acceptable) **The name and address of the new registered agent and office:(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. **Total Control of the board** (Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, Thereby 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.
(Signature of Registered Agent) (Date)