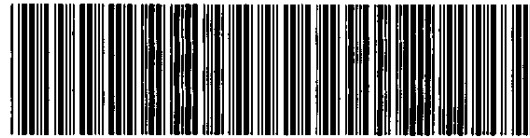


P96000060817



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07/12/10--01019--006 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEAVENLY HAIR DESIGNS, INC.
Name of Corporation

DOCUMENT NUMBER: P96000060817

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:

Karen M Roman
Name of Contact Person

Heavenly Hair Designs, Inc.
Firm/Company

62 Commercial Way
Address

Spring Hill, FL 34606
City/State and Zip Code

lindalou@gate.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Walters at (352) 796-1233
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2010

KAREN M ROMAN
62 COMMERCIAL WAY
SPRING HILL, FL 34606

SUBJECT: HEAVENLY HAIR DESIGNS, INC.
Ref. Number: P96000060817

RECEIVED
2010 JUL 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEAVENLY HAIR DESIGNS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 410A00016983

Enclosed is my signature that I omitted (By mistake) in my first mailing - Sorry for any inconvenience.
Sincerely,
Karen Roman

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: Heavenly Hair Designs, Inc.
2. The principal office address: 62 Commercial Way Spring Hill, FL 34606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1996 Document number: P96000060817
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)

Carol A Musco
62 Commercial Way
Spring Hill, FL 34606

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

Karen M Roman
62 Commercial Way
P.O. Box NOT acceptable
Spring Hill, FL 34606

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.

Karen M Roman
Signature of an officer or director

Karen M Roman
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.

Karen M Roman
Signature of Registered Agent

7/8/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
10 JUN 21 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA