

P96000087973

Hair Perfect, INC.

Requestor's Name

418 N. Harbor City Blvd.

Address

Melbourne, FL 32935

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 000002060210--8
-01/16/97--01037--016
2. _____ (Corporation Name) _____ (Document #) *****35.00 *****35.00
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 JAN 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-14-97

~~#1055, 1065, 672~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED

97 JAN 13 AM 8: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 27, 1996

HAIR PERFECT, INC.
418 Harbor City Blvd.
Melbourne, FL 32935

SUBJECT: HAIR PERFECT, INC.
Ref. Number: P96000087973

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (904) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 896A00057509

*Please find change of registered agent
& check for \$35.00 —
Thank you*

RECEIVED

97 JAN 13 AM 8: 08

DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: HAIA PERFECT, INC.
2. The mailing address of the corporation is: 418 N. Harbor City Blvd.
Melbourne, Fla 32935
3. Date of incorporation/qualification: 10/23/96 Document number: P96000087973
4. The name and address of the current registered agent and office:

CATHY BEASLEY
418 - N. HARBOR CITY BLVD.
MELBOURNE, FLA. 32935

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

JOHN P. THESSON, JR
418 - N. HARBOR CITY BLVD.
MELBOURNE FL. 32935

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.

John P. Thesson, Jr 1/3/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

JOHN P. THESSON, JR
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

John P. Thesson, Jr
(Signature of Registered Agent)

1/3/97
(Date)

If signing on behalf of an entity:

JOHN P. THESSON, JR.
(Typed or Printed Name)

Secy - Treasurer
(Capacity)

FILED
97 JAN 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA