FFICIAL CC

FORM BCA 5.10/5.20 (rev. Dec. 2003) STATEMENT OF CHANGE OF **REGISTERED AGENT AND/OR** REGISTERED OFFICE **Business Corporation Act**

Jesse White, Secretary of State Department of Business Service FILED Springfield, IL 62756 217-782-3647 www.cyberdriveillinois.com

Remit payment in the form & ECRETARY OF STATE to Secretary of State.

6. The above change was authorized by: ("X" one box only) a. Resolution duly adopted by the board of directors.

b.

Action of the registered agent.

Doc#: 0531855161 Fee: \$26.50 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 11/14/2005 03:21 PM Pg: 1 of 2

| _ | File # Md 5 P Filing Fee: \$25 Approved: Filing Fee: \$25 Approved: Do not write above this line ——— | | | | |
|---|---|--|--|--|--|
| 1. | Corporate Name: Capri School of Beauty Culture, Inc. | | | | |
| 2. | State or Country of Incorporation: "LINOIS | | | | |
| 3. | Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change): | | | | |
| | Registered Agent Frederick C. Seil | | | | |
| | Registered Office 15815 Rob Roy Street Number Street Middle Name Last Name | | | | |
| | Number Street Suite No. (P.O. Box alone is unacceptable) Oak Forest, IL 60452 City ZIF Code County | | | | |
| 4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported): | | | | | |
| | Registered Agent John J. Cummins | | | | |
| | Registered Office 415 N. Lasalle Street Suite 603 | | | | |
| | Chicago, IL 60610 Suite No. (P.O. Box Ilone s unacceptable) | | | | |
| | City ZIP Code County | | | | |
| 5. T | The address of the registered office and the address of the business office of the registered agent, as changed, will | | | | |

SEE REVERSE FOR SIGNATURE(S).

(Note 5) (Note 6)

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7. If authorized by the board of directors, sign here. See Note 5 below.

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. Cantambar 20

| Dated | September 28 Month & Day | 2005 - | Capri School of Beauty Culture, Inc. | |
|--|------------------------------------|--------|--|--|
| 4 | auluit () Xil | rear | Exact Name of Corporation | |
| | Any Authorized Officer's Signature | | | |
| | Name and Title (type or print) | | | |
| If change of registered office by registered agent, sign here. See Note 6 below. The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct. Dated | | | | |
| Dated | Month & Day | , | | |
| | Month & Day | Year | Signature of Registered Agent of Record | |
| | | | 5 - Marie Ma | |
| | O | | Name II | |
| | 70_ | | Name (type or print) If Registered Agent is a corporation, | |
| | O _A | | Name and Title of officer who is signing on its behalf. | |
| | -/X, | | S S W No SCHOOL | |
| | | NOTE | :e | |

NOTES

- 1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or read address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to enother, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLY from the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed
- 6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.