

A02000000138

Director's Name

Dynasty Hair Studio
730 Shamrock Blvd.
Venice, FL 34293

600007063036-7
-08/12/02-01084-007
*****87.50 *****87.50
35.00

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 12 AM 11:43

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

A02-138
JR

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DYNASTY Hair Studio Limited Partnership
Name of the limited partnership

2. JANUARY 28, 2002
Date of filing/registration in Florida

3. 402000000138
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT ERUANS
Name

730 SHAMROCK BLVD
Address

VENICE FL 334293
City, State and Zip

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TALLAHASSEE, FLORIDA

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5. The name and address of the new registered agent and/or office:

SHARON BUONAI
Name

730 SHAMROCK BLVD
Florida street address (P.O. Box not acceptable)

VENICE FL 334293
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Sharon A. Buonai
Signature of General Partner

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 obligations 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 limited partnership has been notified in writing of this change.

Sharon A. Buonai
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**