

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAREGISTERED AGENT CHANGE
INTERNATIONAL TAMPA SALON ASSOCIATES, LP

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DIVISION OF CORPORATIONS

G. MCLEOD

APR 05 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Tampa Salon Associates, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000170

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kim Melton
Contact Person
International Tampa Salon Associates, LP
Firm/Company
2311 Midway Road
Address
Carrollton, TX 75006
City, State and Zip Code
kmelton@toniguy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimber Summers at (214) 273-2262
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. International Tampa Salon Associates, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/7/06 3. B06000000170
Date of filing/registration in Florida Florida document number

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

Robert R. Guzman
Name

10123 Woodson Way
Address

Tampa, FL 33618
City, State and Zip

5. The name and Florida street address of the now registered agent and/or office:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


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.

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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