

P970000141551

DENNIS BIRT SALON

1510 8th Ave. N.
Tampa, Fl. 33605

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

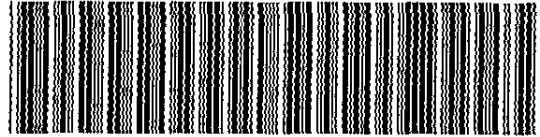
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

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: Hair Tear, Inc.
2. The mailing address of the corporation: 1510 8th Ave. N.
Tampa, Fl. 33605
3. Date of incorporation/qualification: 02/11/1997 Document number: P97000014551
4. The name and address of the current registered agent and registered office:
Angela Porter
1813 E 18th Ave.
Tampa Fl. 33605
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
TIFFANY SCHEPIS
4001 N. Central Ave.
TAMPA, FL 33604

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

7/24/03
(Date)

President

(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.

[Signature]
(Signature of Registered Agent)

7/24/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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