

PO2000105984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

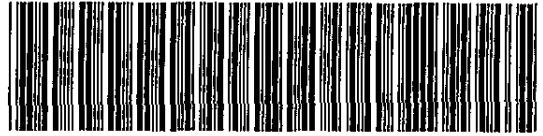
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Men

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advanced Skincare Center & Spa, Inc.

DOCUMENT NUMBER: P02000105984

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charann Desiree Strong
(Name of Contact Person)

Advanced Skincare Center & Spa, Inc.
(Firm/ Company)

1814 Lucerne Terrace, Suite E
(Address)

Orlando, FL 32806
(City/ State and Zip Code)

For further information concerning this matter, please call:

C. Desiree Strong at (407) 425-5900
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

FILED
05 DEC -9 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Advanced Skincare Center & Spa, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P02000105984

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Amend the name of the President of the company from C. Desiree Facello to
C. Desiree Strong, her married name. A copy of the marriage license is enclosed.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

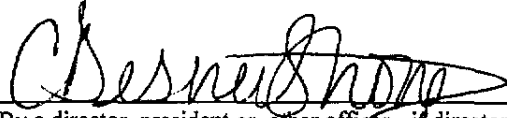
The date of each amendment(s) adoption: 12/1/05

Effective date if applicable: 12/1/05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

C. Desiree Strong
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

1. I solemnly swear that the above named persons are free to marry and have the proper legal age and are of sound mind and body.

MARYANNE MORSE, CLERK OF CIRCUIT COURT
 SEMINOLE COUNTY
 BK 05621 PG 1095
 CLERK'S # 2005029324
 RECORDED 02/21/2005 08:31:24 AM
 RECORDING FEES 0.00
 RECORDED BY L McKinley

05-18W

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CHAD WILLIAM STRONG			2. DATE OF BIRTH (Month, Day, Year) February 15, 1973		
3a. RESIDENCE - CITY, TOWN, OR LOCATION 401 W. SEMINOLE BOULEVARD #224 SANFORD		3b. COUNTY SEMINOLE	3c. STATE FLORIDA 32773	4. BIRTHPLACE (State or Foreign Country) NEBRASKA	
5a. BRIDE'S NAME (First, Middle, Last) CHARANN DESIREE FACELLO			5b. MAIDEN SURNAME (If different) BASHLOR		6. DATE OF BIRTH (Month, Day, Year) August 18, 1976
7a. RESIDENCE - CITY, TOWN, OR LOCATION 947 MALDEN COURT LONGWOOD		7b. COUNTY SEMINOLE	7c. STATE FLORIDA 32750	8. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) January 10, 2005
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink)
13. SIGNATURE OF BRIDE (Sign full name using black ink) 	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) January 10, 2005
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

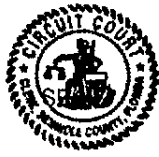
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE SEMINOLE	18. DATE LICENSE ISSUED January 10, 2005	18a. DATE LICENSE EFFECTIVE January 13, 2005	19. EXPIRATION DATE March 11, 2005
20a. SIGNATURE OF COURT CLERK OR JUDGE MARYANNE MORSE, CLERK OF CIRCUIT COURT BY: D.C.		20b. TITLE DEPUTY CLERK	20c. BY D.C. S.T.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 2-5-05	22. CITY, TOWN, OR LOCATION OF MARRIAGE Altamonte Springs, FL		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 	23c. ADDRESS (Of person performing ceremony) 134 Songta Rd. Wadesboro NC 28170		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Wesley A. Rutledge Licensed Minister	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 		



SEAL