

PD4000142263

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H070002431193)))



H070002431193ASC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
07 OCT - 1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DULCINEA OF SOUTH FLORIDA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

2007 OCT - 1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC
SF

Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000243119)))

The date of each amendment(s) adoption: 09-27-2007

Effective date if applicable: _____
(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.

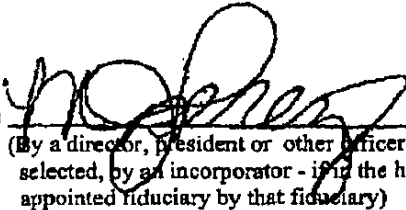
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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



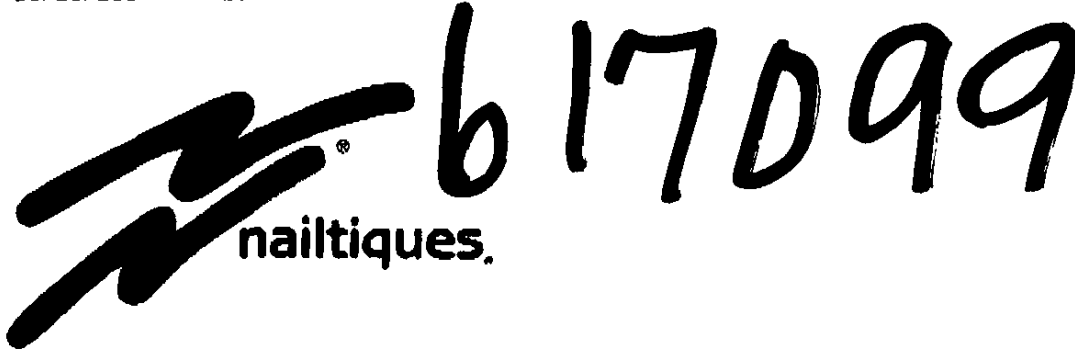
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARY-JO PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



VIA FACSIMILE

September 27, 2007

Florida Department of State
 Division of Corporations
 PO Box 6327
 Tallahassee, Florida 32314

300110068033

Re: Document Number 617099

Dear Sir or Madam,

I am the President of Nailtiques Cosmetic Corp. My name has changed from DOMINGUEZ to HAMMOND because of marriage. I am requesting that your records be amended to reflect this change. Please make the change to the "Officer/Director Detail" section to show:

DIANE HAMMOND
 President

If any additional information is needed please contact me at (305) : 78-6383.

Sincerely,

Diane Hammond
 Diane Hammond
 Nailtiques Cosmetic Corp.
 President

change of
 officer name

SP

RECEIVED
 2001 SEP 28 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA