## Ponoona35

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Robar	BEAUty Co.
DOCUMENT NUMBER: Po 70000	/2335
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Lloyd W. Roba. (Name of Conta	ct Person)
Robar BEAUty (Firm/Com	pany)
800 NE 4th (Address	•
HALLANDALE BEAC (City/ State and	L FL 33009 Zip Code)
For further information concerning this matter, please	
Lloyd W. Robar a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$\text{Certified Copy} (Additional Copy is enclosed)}
Amendment Section Division of Corporations P.O. Box 6327  A  A  C	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KOBAR BEAUTY CO.
(Name of Corporation as currently filed with the Florida Dept. of State)
_ P070000/2335
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> , Reports the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
V.P.	SERGEY PAULOU	800 NE 4th St. HALLANDALE FL. 33009	Add Remove
	<u></u>		Add Remove
	ling or adding additional Articles, enter lditional sheets, if necessary). (Be speci		
	nendment provides for an exchange, recons for implementing the amendment if		
	ot applicable, indicate N/A)		

The date of each amendment(s) adoption: 4/8/09				
Effective date if applicable:				
<u> </u>	no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cas	st for the amendment(s) was/were sufficient for approval			
by	oting group)			
(ve	oting group)			
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder			
action was not required.	adopted by the incorporators without shareholder action and shareholder			
DatedSignature \( \frac{\frac{1}{2}}{2} \) (By a december 1)	4/9/09 1/1/11. · R In			
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)			
-	(Typed or printed name of person signing)			
-	Prespect (Title of person signing)			