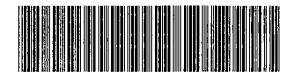
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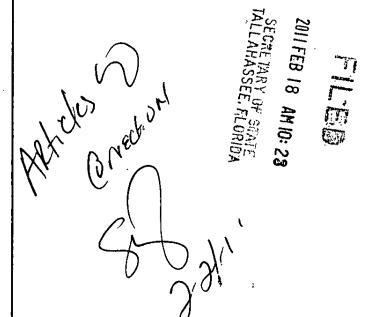
(Requesto	r's Name)
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Certified Copies	Dertificates of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

	a, '
SUBJECT: ANTHONY'S HAIR STU	JDIO, INC.
DOCUMENT NUMBER: P11000010	
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
JOHN A. LOYOLA	
Name of Contact Person	***************************************
ANTHONY'S HAIR STUDIO, INC.	
Firm/Company	
958 N DAVIS PARKWAY, APT 52	· .
Address	**
FLORIDA CITY, FL 33034	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	itter, please call:
JOHN A. LOYOLA	at (786) 271-1320 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Fundamed in a short for the Call of the	
Enclosed is a check for the following amou	. <u> </u>
✓ \$35.00 Filing Fee	\$\square\$ \$43.75 Filing Fee & Certificate of Status.
\$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee FI 32301

ARTICLES OF CORRECTION

ANTHONY'S HAIR STUDIO, INC. Name of Corporation as currently filed with the Florida Dept. of State

D11000010241

ARTICLES OF CORRECTION for ANTHONY'S HAIR STUDIO, INC.	
ARTICLES OF CORRECTION	
for	
MASSE MILE	
ANTHONY'S HAIR STUDIO, INC. Name of Corporation as currently filed with the Florida Dept. of State	
Name of Corporation as currently filed with the Florida Dept. of State	
P11000010241 Document Number (if known)	
Document Number (ii known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.	
These articles of correction correct ALL ADDRESSES	
filed with the Department of State on O2/07/11 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
THE INACCURACIES ARE THE PRINCIPAL ADDRESS, MAILING ADDRESS,	
REGISTERED AGENT ADDRESS, PRESIDENT ADDRESS, AND VICE PRESIDENT	
ADDRESS.	
1	
Correct the inaccuracy, incorrect statement, or defect:	
PRINCIPAL ADDRESS: 13550 SW 120TH ST, BAY 506, SUITE #105, MIAMI, FL 33186	
MAILING ADDRESS: 958 N DAVIS PARKWAY, APT 52, FLORIDA CITY, FL 33034	
REGISTERED AGENT ADDRESS: 958 N DAVIS PARKWAY, APT 52, FLORIDA CITY,	
FL 33034	
PRESIDENT ADDRESS: 958 N DAVIS PARKWAY, APT 52, FLORIDA CITY, FL 33034	
VP ADDRESS: 958 N DAVIS PARKWAY, APT 52, FLORIDA CITY, FL 33034	
(Signature of effects), predictif to other officer - if directors or officers have not been selected, by in incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
other court appointed fiduciary, by that fiduciary.)	

Filing Fee: \$35.00

PRESIDENT

(Title of person signing)

JOHN A. LOYOLA

(Typed or printed name of person signing)