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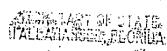
TO: Amendment Section Division of Corporations

	RATION: GALAXY	HAIR DESIGI	NS, INC.
DOCUMENT NUMI	BER: K03392		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	MARIE ALAST		
	GALAXY HAIR	<u> </u>	
	185 E INDIAN		05
	JUPITER, FL		
•		City/ State and Zip Code	
SU	IELLENR@REX	KACCOUNTING Ed for future annual report	
	E-man address: (to be us	ed for future annual report	nouncation)
For further information	n concerning this matter, pleas	e call:	
SUELLEN	REX	at (561	,732-8822
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tall	ahassee, FL 32314		xecutive Center Circle issee, FL 32301

FILED

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Articles of Amendment to Articles of Incorporation of



GALAXY HAIR DESI	,	_ `
K03392	currently filed with the Florida Dept. of State)	
	nt Number of Corporation (if known)	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
		_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" or the a ation "Corp," "Inc," or "Co". A professional corporation name must tion," or the abbreviation "P.A."	bbreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		_
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		-
D. If amending the registered agent an	ad/or registered office address in Florida, enter the name of the	_
new registered agent and/or the nev	w registered office address:	
Name of New Registered Agent	REX ACCOUNTING SERVICES, INC.	
	2421 QUANTUM BOULEVARD	
New Registered Office Address:	(Florida street address) BOYNTON BEACH , Florida 33426	
	(City) (Zip Code)	
3	hanging Registered Agent: tered agent. I am familiar with and accept the obligations of the position. gnature 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as. Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	PHILIP ALASTRA	126 EGRET DRIVE
Add			JUPITER, FL 33485
Remove			
2) Change	Р	MARIE ALASTRA	1127 SEMINOLE EAST
Add			UNIT 5-A
Remove			JUPITER, FL 33477
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove	•		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

- · · · · · · · · · · · · · · · · · · ·	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical not contained in the amendment risen.
	•

The date of each amendment(s) adoption: SET TEMBER 30, 2014	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated	
Signature M. Clartin	<u>_</u>
(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)	
MARIE ALASTRA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	