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13 DEC 19 PH 3: 3: 3: SECRETARY OF STATE

DEC 31 2013

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: H & M HAI	RSTYLING , I	NC		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
KATHERYN TAL	.BERT			
	Name of Contact Persor			
H &M HAIRSTYL		•		
****	Firm/ Company			
1707 KNOX MCI	RAE DR			
# <del></del>	Address			
TITUSVILLE FL	32780			
	City/ State and Zip Code	<del></del>		
HTALBERT1@CFL.	RR.COM			
	sed for future annual report	notification)		
	·			
For further information concerning this matter, plea	se call:			
KATHERYN TALBERT	<sub>at (</sub> 321	431-1234		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street	Address		
Amendment Section	Amend	Amendment Section		
Division of Corporations  Division of Corporations  Division of Corporations  Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Building		
ramanassee, PL 32314	2001 E	xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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## H & M HAIRSTYLING, INC

13 DEC 19 PM 3: 38

TO WITHAINSTILLING, INC	13 UEC 13 111 0 0 -
(Name of Corporation as currently filed with the I	SECRETARY OF STATE TALLIANASSEE, FLORIDA
(Document Number of Corporation (	if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
W/A	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del></del>
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.  Name of New Registered Agent	
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address.  Name of New Registered Agent	<u>s:</u>

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)

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 Doe	
X Remove	V	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	MR	ADAM J.W.BERRY	1228 SANDPINE CIRCLE
Add			TITUSVILLE FL 32796
Remove			
2) Change	MR	KYLE B.L.BERRY	1615 BANNA DRIVE
Add			TITUSVILLE, FL 32780
Remove			
3) Change			_
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			·····
Add			
Remove			
6) Change	48.4 18.4		
Add			
Remove			

ach additional sheets, if necessary)	). (Be specific)
The state of the s	
n amendment provides for an exc	change, reclassification, or cancellation of issued shares,
ovisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

he date of each amendment(s) ad	option: 12/13/2013	, if other than th
ate this document was signed.		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
	(no more inan 90 aays after amenament file date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder.	
The amendment(s) was/were ado	pted by the incorporators without shareholder action and shareholder	
action was not required.	production manage under disconnection and situation deli-	
Dated_12/13/20	013	
	HERYN G TALBERT LIKE COLOR	
selected	rector, president or other officer – if directors or efficers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	KATHERYN G TALBERT	
•	(Typed or printed name of person signing)	<del></del>
	Р	
•	(Title of person signing)	<del></del>