# N09000012055

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Amend (09/21/12)

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Chrome Divas	s, Inc.		· ·
DOCUMENT NUMI	BER: N09000012055			
The enclosed Articles	of Amendment and fee are sub	mitted for	r filing.	
Please return all corre	spondence concerning this mat	ter to the	following:	
		en Woff		
	(Name of	Contact I	Person)	
	Chrom	ne Divas	, Inc.	
	(Firm	ı/ Compar	ny)	
	7889 <b>!</b>	MacLear	n Rd	
	(,	Address)		<del></del>
	Tallahas	see. FL	32312	
		te and Zip	<del></del>	<del></del>
	chromediv	/a@com	cast.net	
•	E-mail address: (to be use	d for futu	re annual report notific	cation)
For further informatio	n concerning this matter, pleas	e call:		
Kristen Wofford		at (	850 _) 766-43	52
(Name	of Contact Person)		(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to	the Florida Departmen	nt of State:
₩\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filing Fee & fied Copy itional copy is osed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section		Street Address Amendment Section	,
	on of Corporations		Division of Corporat	ions
P.O. F	Box 6327 nassee, FL 32314		Clifton Building. 2661 Executive Cent	er Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### Chrome Divas, Inc.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

### N09000012055

(Document Number of Corporation (if known)

. If amending name, enter the new name of the corporation:				
ne new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company"</u>				
Enter new principal office address, if apprincipal office address MUST BE A STRE				
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF				
		ida, enter the name of the		
new registered agent and/or the new re-		ida, enter the name of the		
		ida, enter the name of the		
new registered agent and/or the new reg				
Name of New Registered Agent:	gistered office address:  (Florida street address	;) , Florida		
<u>Name of New Registered Agent:</u>	gistered office address:			

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>	Name	Address	Type of Action
<u>D</u>	April Hammond	3187 Duke Street Tallahassee, FL 32309	
. <u>D</u>	Rhonda Brown		☑ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach adding	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	<mark>hange(s) here</mark> : <i>c)</i>	
<del></del>			
			··· <u> </u>

The date of each amendme	nt(s) adoption: September 17, 2010
,	(date of adoption is required)
Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	) ( <u>CHECK ONE</u> )
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
DatedSignature	9/17/10 Duston A Walhord.
(I h	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Kristen Wofford
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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