## N 20000003684

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AUG 1'5 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Skinderellas Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cight Consult Sanfuld (Address) Scinford FL 32773
(City/ State and Zip Code) Into O Bright ight consuling, wet E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Davtime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐S52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SKINDERELLAS INC

SKINDERELLAS INC	
(Name of Corporation as currently filed with the	ne Florida Dept. 01 State)
N2000003684	
Occurrent Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	_
Skindplpling toundation	1 In The new
name must be distinguishable and contain the word "corporation" or "incor "Company" or "Co." may not be used in the name.	porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office dual est at OST DE 71 OST DE	
	ري. اساس
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(+)
	10. t
. <u>.                                   </u>	
	12
D. If amending the registered agent and/or registered office address in I new registered agent and/or the new registered office address:	florida, enter the name of the
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	d accept the obligations of the position.
Signature of Ne	w 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 heid. 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT John Doe  V Mike Jones SV Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change				
Add		•		
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
() Change				
4) Change				
Add Remove				
5) Change				
Add				
Remove	•			
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)						
(attach additional sheets, if necessary).	(De specific)					
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	(0/23/2020)	f other than the
The date	e date of each amendiment(s) adoption: this document was signed.	
	(no more than 90 days after amendment file date)	
<u>Not</u>	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records.	isted as the
Ado	option of Amendment(s) (CHECK ONE)	
À	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated $\frac{\left(0/73/2020\right)}{}$	
	Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	fuunder	
	(Title of person signing)	