Paa00033079

(Red	luestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	



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SECRETARY OF STATE
TALL AHASSEE F. STATE
TALL AHASSEE F. STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HI Salon Inc	C	+	
DOCUMENT NUME	BER: <u>P0000033</u>	079		
The enclosed Articles	of Amendment and fee ar	e submitted for filing.		
Please return all corres	spondence concerning this	matter to the following:		
****		ther Bernardini		
	(Name o	f Contact Person)		
	- 12	&B Concrete Concepts		
	(Firm/ Company)			
		2 Anniversary ct		
	(Address)		
		rt Richey ,FL 34653 ate and Zip Code)		
For further information	n concerning this matter, p	please call:		
Heather Bernardini		at (
·	Contact Person)	(Area Code & Daytime 1	•	
Enclosed is a check fo	r the following amount ma	ade 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)	
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle	



April 14, 2009

Heather Bernardini Hi Salon 3532 Anniversary Ct. New Port Richey, FL 34653

SUBJECT: HI SALON, INC. Ref. Number: P00000033079

We have received your document for HI SALON, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P94000046310.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 309A00012419

2009 APR 24 AM 8: (

Articles of Amendment Articles of Incorporation

	FILED
TALLAHA	24 PM 3:21
f State)	RY PH 3:21 RY SEE. FLORIDA

HI Salon Inc. (Name of Corporation as currently filed with the Florida Dept. o

P0000033079
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the

A. If amending name, enter the new name of the corpo	icting In	<u></u>
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must coassociation," or the abbreviation "P.A."	Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable:	3532 Annversary C1	
(Principal office address <u>MUST BE A STREET ADDRE</u>	SS) New Port Richey	
	FL ,34653	
C. Enter new mailing address, if applicable:	Same	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. <u>If amending the registered agent and/or registered of</u> new registered agent and/or the new registered office	office address in Florida, e	nter the name of the
D. If amending the registered agent and/or registered o	office address in Florida, e	nter the name of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	office address in Florida, e	enter the name of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	office address in Florida, e e address:	, Florida
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	office address in Florida, e e address:	

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
Presider	Frank Amaya	<u>s</u>	ame	☐ Add ☐ Remove
			Add Remove	
				Add Remove
	ling or adding additional Additional Additional sheets, if necessary,		nge(s) here:	
provisio	nendment provides for an eons for implementing the anote of applicable, indicate N/A)			
		-	***************************************	

The date of each amendment(s) adoption: 4-7-09	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
$\iota \cdot \cdot \cdot \iota_{1}$	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for t by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fee must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	l shareholder
Dated 4/7/09	
Signature (By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
Heather Bernardin (Typed or printed name of person signing)	· <u>\</u>
(Title of person signing)	