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COVER LETTER

TO: Amendment Section Division of Corporations

 	Hair Salon, INC
DOCUMENT NUMBER: P00000113823	
The enclosed Articles of Amendment and fee are s	submitted for filing.
 Please return all correspondence concerning this m 	atter to the following:
Sona S Smith	
	Name of Contact Person
Yankee Clipper Hair Salon 11	. INC
	Firm/ Company
1060 Westchester Dr E	
	· Address
West Palm Beach FL 334	17
	City/ State and Zip Code
smith2081@bellsouth.net	
	used for future annual report notification)
	•
For further information concerning this matter, ple	ase call:
Sona S Smith	at (561) 313-2324
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcia \text{\$\frac{\pi}{43.75}\$ Filing Fee \$\&\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is 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

Yankee Clipper Hair Salon, INC			
(Name of Corpo	ration as currently	filed with the Florida Dept. of	State)
P00000113823			
(D	ocument Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, FI its Articles of Incorporation:	orida Statutes, this Fi	lorida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:		
n/a			Tl
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional corporation	
B. Enter new principal office address, if applic	ahle:	11328 Okeechobee Blvd	
(Principal office address MUST BE A STREET)		Royal Palm Beach, FL 33411	
			ALL S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	1060 Westchester Dr E	EP 18
		West Palm Beach FL 33417	平 平 平 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			2: 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
D. If amending the registered agent and/or reg	 vistered office addres	s in Florida, enter the name o	f the
new registered agent and/or the new registe		3 in Florida, enter the name of	i viic
Name of New Registered Agent N/A	1		
<u> </u>			
	(Florida stree	(address)	
New Registered Office Address:		, Flo	orida
	(0	lity)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept the obligations of	the nosition
,,		wana accept the conganization	pouron.
	<u> </u>		
	lı		
	Signature of New Reg	gistered Agent, if changing	

held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	er, Directo d in the fol aves the co	r would he lowing mai orporation,	PTD. nner. Currently Jo Sally Smith is nam	hn Doe is listed as the P	nan one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jone	<u>ss</u>		
X Add	<u>sv</u>	Sally Smit	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	7	Vame		Address
!) Change	VP	_ 1	David A Smith		1060 Westchester Dr E
Add					West Palm Beach, FL 33417
Remove					
2) Change		- -			
Add					
Remove					
3) Change		_			
Add					
Remove					-
4) Change			1		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

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

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (Be	specific)
W/A	
/	
	, , , , , , , , , , , , , , , , , , , ,
	<u> </u>
	1
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendme	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	1

The date of each amendment(s) adoption: _ date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes cast for the amendment(s) r approval.
	the shareholders through voting groups. The following statement are group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval
by	oting group)
/\	oling group)
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
Dated Sept. 13	3,2017
Signature Ma	Som Ha
(By a director, pro	sident or other officer - if directors or officers have not been
elected, by an in	corporator – if in the hands of a receiver, trustee, or other court
appointed fiducia	ry by that fiduciary)
	Sona S. Smith
	(Typed or printed name of person signing)
_	President
	(Title of person signing)