

PO1000023326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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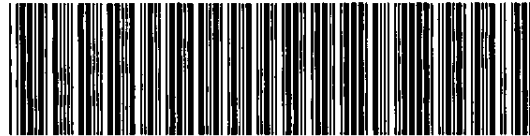
(Business Entity Name)

(Document Number)

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C. W. ...

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: North Beach Salon, Inc.

DOCUMENT NUMBER: PO1000023326

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale B Dutton  
Name of Contact Person  
North Beach Salon, Inc  
Firm/ Company  
1166 Bayberry Circle  
Address  
Super, FL 33458  
City/ State and Zip Code  
dbdutton@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale B Dutton at ( 561 ) 745-1086  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DEBRA BLAKE, hereby resign as President  
(Title)

of NORTH BEACH SALON INC,  
(Name of Corporation)

PO1000023326, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

[Signature]  
(Signature of resigning officer/director)



**FILING FEE IS \$35.00**

*Fran E. Martin*  
*Sept. 3, 2015*

**Make checks payable to Florida Department of State and mail to:**

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