

PO1000071745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

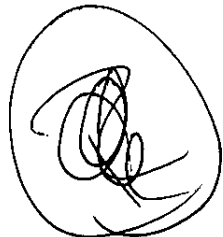
Office Use Only



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08/20/12--01003--018 **35.00

FILED
12 SEP - 7 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



S. HAWKES
AUG - 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2012

VERNA FEKE
12685 W SUNRISE BLVD
SUNRISE, FL 33323

SUBJECT: ELITE HAIR DESIGNS FF, INC
Ref. Number: P01000071745

We have received your document for ELITE HAIR DESIGNS FF, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 112A00021461

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Elite Hair Designs FF, Inc
DOCUMENT NUMBER: P01000071745

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

Please return all correspondence concerning this matter to the following:

Verna Feke / Becky Feke

Name of Contact Person

Elite Hair Designs FF, Inc

Firm/ Company

12685 W. Sunrise Blvd

Address

Sunrise, FL 33323

City/ State and Zip Code

Becky Feke @ Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Feke

Name of Contact Person

at (954) 851-0907

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 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

Elite Hair Designs FF, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P01000071745
(Document Number of Corporation (if known))

FILED
12 SEP -7 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Elite Hair Designs PL, Inc. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

11401 Pines Blvd K-927
Pembroke Pines, FL
33026

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office 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 accept the obligations of the position.

Signature of New Registered Agent, if changing

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8/16/12

Effective date if applicable: 8/17/12
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/16/12
Signature Becky Feke
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Becky Feke

(Typed or printed name of person signing)

President

(Title of person signing)