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SECRETARY OF BANKE

Amend Mane Ch8

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Derosa + Company Inc. DOCUMENT NUMBER: PO2000000000000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Hasche Jr. Name of Contact Person Perosa + Company Inc. Firm/ Company
Name of Contact Person
Perosa + Company +nc.
12 NE 4th Ave Address Delrag Beach, FL 33483 City/ State and Zip Code
Address
Delmy Beach, FL 33483
City/ State and Zip Code
hello @ petermark salon.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Yraman at (561, 843-3704
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Verosa + (on	apany Inc.	
	1)2904 LnC.	ept. of State)
PO	2000002076	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Profi</i>	it Corporation adopts the following
A. If amending name, enter the new name of the o	corporation:	TH(()
A. If amending name, enter the new name of the conscious the higher (on scious name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or i	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX) 12 NE 4H	, FL 33483
	Delray Brach	1FC 33483
D. If amending the registered agent and/or registered		the name of the
new registered agent and/or the new registered Name of New Registered Agent:	Juson Yeaman	
	12 NE YHS A	
New Registered Office Address:	Delray Beach	, Florida <u> </u>
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the ob	uganons of the position.
	Signature of New Registered A	gent, if changing
	Page 1 of 4	TIL MASSEL

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	Peter A Denosa	12 NE 4H Are Delray Beach, FL
Add			Delray Beach, FL
Remove			33483
2) X Change	CED	Mark Hasche Sr.	12 NE 4th Auc Delay Beach, FL
Add			Delray Beach, FL
Remove			33483
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			18
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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	<u>.</u>
	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	N/A
	10/14

The date of each amendment(s) add	ption:, if other	r than the
date this document was signed.	11,61,0	
Effective date <u>if applicable</u> :	//18/14	_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be list artment of State's records.	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	25	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ed by the board of directors without shareholder action and shareholder	
Dated Signature (By a dir selected,	ctor president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary) (Typed or printed name of person signing)	-