

P03000111119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

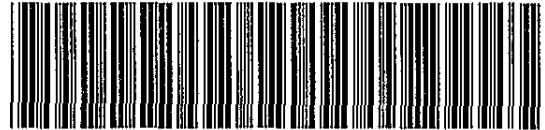
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Antoinette Lloyd
Authorized correcting
the corp name to reflect
our records (1a)
7/13

Office Use Only

Amend Name
Change
(1a) 7/14/04



200038345932

07/01/04--01019--006 **35.00

FILED
04 JUL -1 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christian Medical Spa + Wellness Center, Inc.

DOCUMENT NUMBER: P03000111119

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

Please return all correspondence concerning this matter to the following:

Antoinette Lloyd
(Name of Person)

Allure Cosmetic Medical Center
(Name of Firm/ Company)

664 Kingsley Ave #106
(Address)

Orange Park, FL 32073
(City/ State/ and Zip Code)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Antoinette Lloyd
(Name of Person)

at (904) 298-1711
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Christian Medical Spa And Wellness Center, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P03000111119

(Document number of corporation (if known))

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

NEW CORPORATE NAME (if changing):

Allure Cosmetic Medical Center, Inc.

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article X

The Principal Office shall be: 664 Kingsley Ave #106,
Orange Park FL 32073

and the Registered Agent and address shall be:

Antoinette Lloyd

664 Kingsley Ave #106

Orange Park FL 32073

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

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TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: 6/30/04

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signed this 30th day of June, 2004.

Signature _____

(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)

Antoinette Lloyd
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35