P04000021492

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 099181 4306704

AUTHORIZATION : CAPILL

COST LIMIT : \$\frac{1}{2} \frac{5}{2} \frac{1}{2} \fra

ORDER DATE: April 12, 2016

ORDER TIME : 11:55 AM

ORDER NO. : 099181-005

CUSTOMER NO: 4306704

DOMESTIC AMENDMENT FILING

NAME: GOLDWELL OF SOUTH FLORIDA,

INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOLDWELL OF	SOUTH FLORIDA, INC.			
DOCUMENT NUMB	P64000021492				
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Donna Sanders				
, ·		Name of Contact Person	n		
	Four Star Salon Services				
•		Firm/ Company			
	385 Oser Ave.				
•	Address				
	Hauppauge, NY 11788				
-		City/ State and Zip Cod	e		
dsand	ers@fssalonservices.com				
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call;			
Donna Sanders		at (631	951.4444 x521 de & Daytime Telephone Number		
Name of Contact Person Area Code & Day		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GOLDWELL OF SOUTH FLORIDA, INC.

	ration as current	ly liled with the Florid	a Dept. of State)	
	P040006	21492		
(Do	cument Number o	f Corporation (if knowr)	
ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	orida Statutes, this	Florida Profit Corpora	ation adopts the fo	lowing amendment
If amending name, enter the new name of the touthern Star Salon Services, Inc.	e corporation:			
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Coord" chartered," "professional association," or	orp," "Inc," or	'Co". A professional o		
• •		N/A		rag.
Enter new principal office address, if application of the principal office address MUST BE A STREET A			·,- · · · · · · · · · · · · · · · · · ·	
meet harmon meet harmon	(DEKLOD)		·	
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
(Maning datess MAT BE AT OST OFFICE	<u> </u>			
				11/24
				-
If amonding the projectional areas and for the				
If amending the registered agent and/or reginew registered agent and/or the new register			ne name of the	
new registered agent and/or the new register			ne name of the	
new registered agent and/or the new register			ne name of the	
new registered agent and/or the new register	ed office addres	<u>E</u>	ne name of the	
Name of New Registered Agent N/A	ed office addres		пе наме от те	
new registered agent and/or the new register	ed office addres	<u>E</u>	, Florida	(Zip Code)

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.

Example: XChange	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			***************************************
Remove			
2) Change	N/A		
Add			
Remove			**************************************
3) Change	N/A		
Add			
Remove			
4) Change	N/A		
Add			
Remove			
5) Change	N/A		
Add			
Remove			
6) Change	N/A		
Add			
Remove			

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

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)
N/A

The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
N/2	4	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this repartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by .	,"	
-	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	3/39/14 DONNA SUNDLE director president or other officer – if directors or officers have not be	
Signature	Donna Sunden	
	an ector, president of outer officer — if directors of officers have not bet	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appoi	nted fiduciary by that fiduciary)	
	Donna Sanders	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	