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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

- Account Number : I20060000012

Fax Number

Phone : (305)826-5886 : (305)722-0535

\*\*Enter the email address for this business entity to be used for fatur

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN KAREN'S SKIN CARE, INC

annual report mailings. Enter only one email address please.

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## Articles of Amendment to Articles of Incorporation of

2809 DEC 29 PM 2: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

KAREN	I'S SKIN CARE, INC	The state of the s
(Name of Corporation as o	urrently filed with the Florida	Dept. of State)
ŗ	204000038285	
	Number of Corporation (if knows	1)
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporation		ida Profit Corporation adopts the following
A. If amending name, enter the new name	ne of the corporation:	
		The new
name must be distinguishable and contra abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	r the designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A ST		
	·	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O	able: FFICE BOX	
D. If amending the registered agent and/ new registered agent and/or the new	or registered office address in J registered office address:	lorida, enter the name of the
Name of New Registered Agent:	MARTHA LOPEZ	
·	4230 NW 183rd ST	
New Registered Office Address:	(Florida street add	ress)
	MIAMI GARDENS	, Florida_33055
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent	
I hereby accept the appointment as register	ed agent. Lan familiar with and	accept the obligations of the position.
		- <del>-</del>
·	Signature of New Registered A	gent, if changing

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)

Title	Name	Address	Type of Action
PDT	OCAMPO, ELIZABETH P	12333 NW 18 STREET PEMBROKE PINES, FL 33026	☐ Add ☑ Remove
PDT	LOPEZ, MARTHA	4230 NW 183rd ST MIAMI GARDENS, FL 33055	☐ Add ☐ Remove
			Add Remove
	dditional sheets, if necessary). (Be spe		
<u>provisi</u>	nendment provides for an exchange, roos for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of iss If not contained in the amendment i	ued shares, tself:
•			

The date of each amendment(s) adoption: 12/10/2009			
Effective date <u>if applicable</u> :	(date of adoption is required)		
A SHAPE VAL	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ate adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
Dated 12/1	0/2009		
Signature			
(By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)		
	ELIZABETH OCAMPO		
	(Typed or printed name of person signing)		
	PRESIDENT / DIRECTOR		
	(Title of person signing)		