

POS000092433

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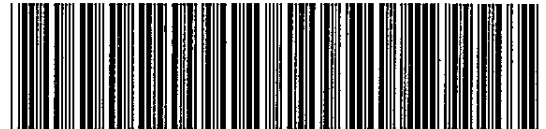
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 08 2005

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Harmony Health Spa, Inc.

DOCUMENT NUMBER: P05000092433

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

Please return all correspondence concerning this matter to the following:

Tina Carpenter
(Name of Contact Person)

(Firm/ Company)

1015 Spanish River Rd #306
(Address)

Boca Raton, FL 33432
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Tina Carpenter at (561) 504-1654
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 23, 2005

TINA CARPENTER
1015 SPANISH RIVER RD #306
BOCA RATON, FL 33432

SUBJECT: HARMONY HEALTH SPA, INC.
Ref. Number: P05000092433

RECEIVED
05 SEP - 7 AM 8:00
DIVISION OF CORPORATIONS

We have received your document for HARMONY HEALTH SPA, 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 document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 305A00053516

Articles of Amendment
to
Articles of Incorporation
of

Harmony Health Spa, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P05000092433

(Document number of corporation (if known))

FILED
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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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

- ① Amend Article V as follows: Delete Steven Hoffman as registered agent. Replace registered agent as follows: Marie Gouldsbury
1130 North Lake Parker Ave Apt B118
Lakeland, FL 33803
- ② Amend Article VIII as follows: Delete Steven Hoffman as President. Replace President as follows: Marie Gouldsbury
1130 North Lake Parker Ave Apt B118
Lakeland, FL 33803

(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)

The date of each amendment(s) adoption: 8/15/05

Effective date if applicable: 8/15/05
(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 15th day of August, 05.

Signature Marie Gouldsbury
(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)

Marie Gouldsbury
(Typed or printed name of person signing)

President; Registered Agent
(Title of person signing)

FILING FEE: \$35

I hereby am familiar with and
accept the duties and responsibilities
as registered agent for Harmony
Health Spa, Inc.

Marie Gouldsbury
Marie Gouldsbury