## P05000124359

(Re	questor's Name)	
(Ad	dress)	<b>i</b>
(Ad	dress)	
(Cit	y/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

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## **COVER LETTER**

	mendment Section ivision of Corporations	
SUBJECT	r: The Best Hair Zone Inc (Name of Cor	poration)
DOCUMI	ENT NUMBER: P05000124359	
The enclos	sed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to	the following:
	Ruben Dario Gallino (Name of Conta	act Person)
	The Best Hair Zone Inc (Firm/Com	pany)
	5725 NW 114 Path # 113 (Address	ss)
	Doral. Florida. 33178 (City/State and	Zip Code)
For further	r information concerning this matter, please cal	<b>l</b> :
Ruben I	Dario Gallino (Name of Contact Person)	at ( 305 ) 4369134 (Area Code & Daytime Telephone Number
Enclosed i	is a \$35.00 check made payable to the Departme	ent of State.
	Mailing Address: 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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2005

RUBEN DARIO GALLINO 5725 NW 114 PATH #113 DORAL, FL 33178

SUBJECT: THE BEST HAIR ZONE INC

Ref. Number: P05000124359

We have received your document for THE BEST HAIR ZONE 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):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

We are enclosing the proper form(s) with instructions for your convenience.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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: 105A00059185

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Articles of Amendment to

to to
Articles of Incorporation
The Best Hair Zone Inc. 38 8 3
(Name of corporation as currently filed with the Florida Dept. of State)
Corp. Doc. # P05000124359 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
KI / D
(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)  In our Article Number I by CYYOY  Of fyving the mame of the Previount & Director
should have been Mr. Ruben D. Lallino
instead of Mr. Raben D. Lalloino-
Please make the correction in all the
register and, in the internet, because
we can not open an account.
(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)
(continued)

The date of each amendment(s) adoption: October 5 /2005
Effective date if applicable: A.S. A.P.  (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.
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)
(Typed or printed name of person signing)
(Title of person signing)
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FILING FEE: \$35