

PD5000153678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

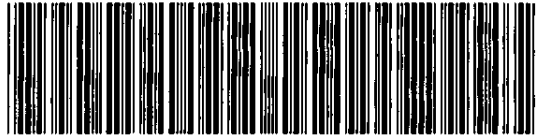
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2009 DEC -7 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend MC
News
12-8-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MERCY MEDICAL STAFFING, INC

DOCUMENT NUMBER: P05000153678

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

Please return all correspondence concerning this matter to the following:

OMOLOLA KOMOLAFE

Name of Contact Person

MERCY MEDICAL STAFFING, INC

Firm/ Company

19001 FISHERMANS BEND DR

Address

LUTZ, FL 33558

City/ State and Zip Code

LEILAVIYOY@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMOLOLA KOMOLAFE

Name of Contact Person

at (813)

957-8329

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2009

OMOLOLA KOMOLAFE
MERCY MEDICAL STAFFING, INC.
19001 FISHERMANS BEND DR
LUTZ, FL 33558

SUBJECT: MERCY MEDICAL STAFFING, INC.
Ref. Number: P05000153678

We have received your document for MERCY MEDICAL STAFFING, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 309A00035652

PROCESSED
2009 DEC -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MERCY MEDICAL STAFFING, INC.

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

P05000153678

(Document Number of Corporation (if known))

FILED

2009 DEC -7 P 4: 15

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:

A. If amending name, enter the new name of the corporation:

MERCY BEAUTY SUPPLY AND BRAIDING, INC.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

8850 N FLORIDA AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33604

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8850 N FLORIDA AVE

TAMPA, FL 33604

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

AMEND ARTICLE III PURPOSE

ANY AND ALL LAWFUL PURPOSE

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)

The date of each amendment(s) adoption: NOVEMBER 9, 2009

Effective date, if applicable: NOVEMBER 9, 2009
(date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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):

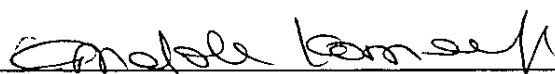
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated NOVEMBER 9, 2009

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)

OMOLOLA KOMOLAFE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)