

PD6 000028486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

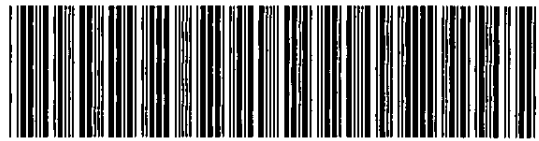
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2008 NOV 21 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend NC
Tlews
11-21-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Salon West Spa

DOCUMENT NUMBER: D06000028486

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

Please return all correspondence concerning this matter to the following:

Sacquelina Matos
(Name of Contact Person)

Salon West Spa
(Firm/ Company)

7248 W. Colonial DR.
(Address)

Orlando FL 32818
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sacquelina Matos at (407) 334-0298
(Name of Contact Person) (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

October 31, 2008

JACQUELINE MATOS
SALON WEST SPA INC.
7248 W. COLONIAL DRIVE
ORLANDO, FL 32818

SUBJECT: SALON WEST SPA INC.
Ref. Number: P06000028486

We have received your document for SALON WEST SPA INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 308A00055743

RECEIVED
DIVISION OF CORPORATIONS
2008 NOV 21 AM 8:00

2008 NOV 21 AM 8:00

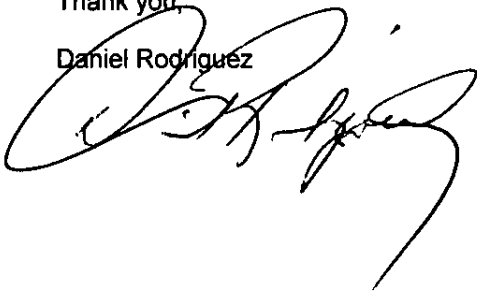
November 18, 2008

To whom it may concern:

I Daniel Rodriguez have no intentions of reinstating the administrative dissolve corporation, Beauty Gallery & Spa Salon Inc., and, I hereby give consent to be used immediately.

Thank you,

Daniel Rodriguez

A handwritten signature in black ink, appearing to read 'Daniel Rodriguez', written over the printed name.

Articles of Amendment
to
Articles of Incorporation
of

Salon West Spa Inc.

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

PO600028486

(Document Number of Corporation (if known))

FILED
2008 NOV 21 PM 12:34
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:

Beauty Gallery & Spa Salon, 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:
(Principal office address MUST BE A STREET ADDRESS)

2427 Pleasant Hills Rd.
Kissimmee FL 34746

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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)

(City)

, Florida

(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)

Title	Name	Address	Type of Action
P	Daniel Rodriguez	2211 Wandering Oak Terr. Kissimmee FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Jacqueline Mads	2211 Wandering Oak Terr. Kissimmee FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

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 1, 2008

Effective date if applicable: _____
(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 10/23/2008

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)

Daniel Rodriguez
(Typed or printed name of person signing)

President
(Title of person signing)