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COVER LETTER

<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Split Eng Salon, Inc. DOCUMENT NUMBER: P06000104581
DOCUMENT NUMBER: <u>P 06 000 / 8 4 5 8 </u> 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline O. Burgess Name of Contact Person
Split Eng. Salon Inc. Firm/ Company
1014 Shorewinds Prive Address
Fort Pierce, FL 34949 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tacqueline O, Burgess at (772) 828-5020 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

	of	
Calif France		69
Split Lnn St	alon In C. tion as currently filed with the Florida	Dept. of State)
P0600010	4581	
P 0 6 0 0 0 7 0 1	ument Number of Corporation (if known)	
fursuant to the provisions of section 607,1006, Flori is Articles of Incorporation:	da Statutes, this Florida Profit Corporation	on adopts the following amendment(s)
a. If amending name, enter the new name of the	corporation:	
		The new
iame must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp, " "Inc," or "Co". A professional co	orporated" or the abbreviation rporation name must contain the
3. Enter new principal office address, if applicab		
Principal office address <u>MUST BE A STREET AL</u>	ODRESS)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
		·
). If amending the registered agent and/or regist	ered office address in Florida, enter the	name of the
new registered agent and/or the new registere		
Name of New Registered Agent		
Nume of New Registered Agent		
	(Florida and Albana)	
	(Florida street address)	
New Registered Office Address:		Florida(Zip Code)
	(City)	(Zip Code)
N N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N		
New Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent.	egisteren Agent: Lam familiar with and accept the obliga	ations of the position.
		, , , , , , , , , , , , , , , , , , ,
Sis	gnature of New Registered Agent, if chang	ging

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Olivia Tyler Bo	rgess 1014 Shorewinds Dr Fort Pierce, 71 3494
Add Remove			Fort Fierce, The Silly
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Art eets, if necessary).	(Be specific)				
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		_				
If an amendment provisions for impl	rovides for an exclementing the amode, indicate N/A)	hange, reclassi endment if not	ification, or ca contained in t	ncellation of iss he amendment	ued shares, itself:	
у посарунсар						
лу кон арумсар						
лу көл аруысан						
су кол арушсан						
су когарунсан						
су когарунсан						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more th	in 90 days after amendment file date)
THE THE STATE OF T	in 70 days tyter unclument fite dates
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by(voting group)	."
(voting group)	
The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated _ 7/14/17	
Signature Jacqueline	O. Burgess
	officer - if directors or officers have not been n the hands of a receiver, trustee, or other court ary)
Jacquelin Typed or prin	ted name of person signing)
Preside	ent. Solit From

(Title of person signing)