(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone ≉	<i>\$</i> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	,	
	Office Use Only	609



500149624225

04/13/09--01028--014 \*\*52.50

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Sa</u>	lon Saskia, I	nc.			₽
DOCUMENT NUMBER: P060	00137503	3			a
The enclosed Articles of Amendmen	t and fee are sub	mitted for fili	ng.		
Please return all correspondence con-	cerning this mat	ter to the follo	wing:		
	Chad H	. Pereira			
	(Name of Con	act rerson)			
<del></del>		Saskia, Inc.			
	(Firm/ Co	mpany)			
	······································	de Blvd., Ste. 3			
	(Addre	ess)			
	Jacksonvill (City/ State and	e, FL 32216			
For further information concerning the	. •	·			
Chad Pereira		at ( 904	) 891-2282		
(Name of Contact Person)			le & Daytime Tel	ephone Number)	
Enclosed is a check for the following	g amount made p	ayable to the	Florida Depart	ment of State:	
\$35 Filing Fee \$43.75 Filing Certificate of		\$43.75 Filing   Certified Copy (Additional co enclosed)	<b>/</b>	\$52.50 Filing F Certificate of S Certified Copy (Additional Copy is enclosed)	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	]	Street Addres Amendment S Division of Co Clifton Buildir 2661 Executiv	ection orporations	<del>2</del>	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 2009 APR 13 AM 8: 40

Salo	on Saskia, Ind	c. SEC.	RETARY OF STATE	
Salon Saskia, Inc.  SECRETARY OF STATE  (Name of Corporation as currently filed with the Florida Dept. of State)  (Name of Corporation as currently filed with the Florida Dept. of State)				
P06	6000137503			
	mber of Corporation	on (if known)	•	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Inco		es, this Florida Profit C	Corporation adopts the	
A. If amending name, enter the new name of	of the corporation	<u>ı:</u>		
Aura Salon, Inc.				
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.,' "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation "C	orp," "Inc," or	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		4352 Southside Blvd., Ste. 3		
		Jacksonville, FL 32216		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	ICE BOX)	4352 Southside Blvd., Sto	e. 3	
D. If amending the registered agent and/or			r the name of the	
new registered agent and/or the new reg	istered office add	ress:		
Name of New Registered Agent:	Chad H. Pereira			
148 Parkside				
New Registered Office Address:	(Florida street address)			
	St. Augustine	(21.)	, Florida 32095	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		familiar with and accept	the obligations of the	

Page 1 of 3

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>	Name	Address	Type of Action
<u>PSD</u>	Saskia Penland	12588 Briarmead Ln. Jacksonville, FL 32258	Add Remove
			Add Remove
<u></u>			Add Remove
Change Chad	tional sheets, if necessary). (Be specifi H. Pereira's Title to President, Treasurer rd S. Pereira's Title to Secretary, Director	, Director	
provisions	ndment provides for an exchange, recla for implementing the amendment if napplicable, indicate N/A)		