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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	SHANGRI-LA	BOUTLQUE	
DOCUMENT NUMBER:	P0600014	6499	
The enclosed Articles of Amendme	ent and fee are submit	ted for filing.	
Please return all correspondence co	oncerning this matter t	o the following:	
	MARISSA S	MITH	
	(Name of Contact I	Person)	· · · · ·
	SHANGRI-LA (Firm/ Compar		
	(Firm/ Compar	(עי	
2395	JAEGER OR (Address)	8TE 5C	
Dei	-ray reach	El >2/1/11	
	(City/ State and Zip	FL 33444 Code)	
For further information concerning	this matter, please ca	ll:	
MARISSA SMITH (Name of Contact Person			-50 -8724 time Telephone Number)
Enclosed is a check for the followi			•
\$35 Filing Fee \$43.75 Filing Certificate of	of Status Co	3.75 Filing Fee & ortified Copy dditional copy is nclosed)	\$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	Ame Divi Clift 2661	et Address endment Section sion of Corporation on Building Executive Center hassee, FL 32301	r Circle

## Articles of Amendment to Articles of Incorporation of

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CHANCIOLING	3. mm/ ( ) . m	11 M
SHANGRI-LA BO (Name of Corporation as currently file	JUT (OUE, INC.	SECRETARY OF STATE
		MASSEE, FLORIDA
P06000i		· .
(Document Number of C	orporation (if known)	
cursuant to the provisions of section 607.1006, Floridal Dillowing amendment(s) to its Articles of Incorporation:		ofit Corporation adopts the
. If amending name, enter the new name of the cor	poration:	
MORRISON - IN	HUGHRY TNC	•
The new name must be distinguishable and contrincorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	n "Corp," "Inc," or
B. Enter new principal office address, if applicable:	N/A	<b>.</b>
Principal office address <u>MUST BE A STREET ADD</u> R	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	»/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of  Name of New Registered Agent:		enter the name of the
	•	
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. osition.		ecept the obligations of th
	u la	
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:

<u> Fitle</u> `	Name	<u>Address</u>	Type of Actio
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	endment provides for an exchange of the amenda		
provision	endment provides for an exchains for implementing the amending the ame		
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The date of each amendment(s) adoption: 2/12/2009
Effective date if applicable: 2   2   2009
(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)
(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 2/12/2009
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)
(Typed or printed name of person signing)
PRESIDENT/C.O.O. (Title of person signing)