P07000001183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600186636606

Name Change & Amend

10/18/10--01018--024 **43.75

FILED
2010 OCT 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/29/10

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RECEIVED

10 OCT 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

Kay Williams
Blue Lotus Spa & Management
501 Goodlette Rd, B100
Naples, FL 34102

SUBJECT: BLUE LOTUS SPA & MANAGEMENT, INC.
Ref. Number: P07000001183

We have received your document for BLUE LOTUS SPA & MANAGEMENT, INC. and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The date of adoption of each amendment must be included in the document.

Please sign the amendment form as the president in the space provided at the bottom of page 3.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 510A00024632

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blue Lotus Spa & Management Inc.d.b.a.Club Spa & Therapy Services

DOCUMENT NUMBER: P0 7000001183

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

Please return all correspondence concerning this matter to the following:

Kay Williams or Liz Meyers
Name of Contact Person

Blue Lotus Spa & Management Inc.
Firm/ Company

501 Goodlette Rd. B100
Address

Naples/ Florida 34102
City/ State and Zip Code

bluelotusspa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kay Williams or Liz Meyers at (239) 262-1505
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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 OCT 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blue Lotus Spa & Management Inc.

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

P0 7000001183

(Document Number of Corporation (if known))

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:

Kay Williams Blue Lotus Spa & Management 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)

4951 Tamiami Tr N Suite 103
Naples FL 34103

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)*

, 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)

Title	Name	Address	Type of Action
vice president	Shannon L. Smith	7414 Meldin Ct. Naples Florida 34104	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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: 10/14/2010
(date of adoption is required)

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 10/14/2010

Signature E Kay Williams
(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)

E.Kay Williams
(Typed or printed name of person signing)

President
(Title of person signing)