Florida Department of State

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(((H11000296757 3)))



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LACUNA HAIR SALON & SPA. INC.

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Electronic Filing Menu

Corporate Filing Menu

COYER LETTER

TO: Amendment Section Division of Corporations	·
NAME OF CORPORATION: Lacuna Hair Salon & Spa, Inc	
DOCUMENT NUMBER: P07000011899	
The enclosed Articles of Amandment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Maria Uribe	
Name of Contact Person	
Firm/ Company	
13702 NW 11 Court	· · · · · · · · · · · · · · · · · · ·
Addross Pembroke Pines, Florida 33028	
City/ State and Zip Code	
urlbe908@hotmail.com	•
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer Correa Riera, Esq. at 305 350-56	90
Name of Contact Person Area Code & Daytime	Celephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State	•
S35 Filing Fee	of Status
is enclosed	3)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporation Division of Corporation Clifton Building Tallahassee, FL 32301	r Circle

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Articles of Amendment to Articles of Incorporation

•	Jo Nation 19	•	
Lacuna Hair Salon & Spa			
	currently filed with the F	lorida Dept. of State)	
P07000011899			
. (Documer	nt Number of Corporation (f known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	; amendment(a) to
A. If amending name, enter the new na	ime of the corporation:		
New Creative Concept, I			The new ·
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or ' iton," or the abbreviation '	on," "company," or "incorporated" or the ab "Co". A professional corporation name must o "P.A." 13702 NW 11 Court	rbreviation contain the
B. Enter new principal office address. (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS)		•
	,	Pembroke Pines, FL 33028	. <u>.</u>
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 13702 NW 11 Court			
	-	Pembroke Pines, FL 33028	
D. If amending the registered event an new registered agent and/or the new	id/or registered office addres w registered office addres	iress in Florida, enter the name of the	
Name of New Registered Agent			
	13702 NW 11 C	Court	
	(Florida st	rest address)	
New Registered Office Address: Pembroke Pil		s	
	(City)	(Zip Codo)	•
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Rogistered Agent tered agent. I am familiar	is with and accept the obligations of the position,	11 DEC SECRLI
Si	gnature of New Registered.	Agent, if changing	C 19 A

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. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exchan provisions for implementing the am (if not applicable, indicate N/A)	reclassification, or cancellation of number of the smen-	dment itself:
(lj not applicable, Indicate N/A)		
<u> </u>		·
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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 afficer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon or Clerk; CEO = ChiefExecutive 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	PT .	John Dae			
X Remove	¥	Mike Jones			
_X Add	<u>sv</u>	Sally Smith	,		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove		<u>NA</u>			
2) Change Add Remove		<u>:</u>	<u></u>	,	
3) Change Add Remove	-				
4)Change Add Remove		<u>.</u>	<u> </u>		
5) Change . Add Remove					
O Change Add Remove		-	<u>.</u>		

The date of each amendment(s)	Page 3 of 4
• •	December 19, 2011
Effective date it honneadle:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated DCC	.19,2011
Signature	Illu () he
(By a soled	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Maria Uribe
	(Typed or printed name of person signing)
	President
	(Title of nemon signing)