## PD7000063480

| •                                       |  |  |
|---|--|--|
| (Requestor's Name)                      |  |  |
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

10 AUG 16 AM 11: 12

M.C.

**C.COULLIETTE** 

AUG 1 8 2010

**EXAMINER** 

## COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORE   | E OF CORPORATION: Chanel Beauty Salon, Inc |   |   |  |  |  |
|--|--|---|---|--|--|--|
| DOCUMENT NU  | MBER:                                      | P07000063480  |   |  |  |  |
| The enclosed Artic   | les of Amendment and fee a                 | re submitted for filing.  |   |  |  |  |
| Please return all co   | rrespondence concerning thi                | s matter to the following:  |   |  |  |  |
|  | Niovis J Pereira  Name of Contact Person   |   |   |  |  |  |
|  | 14   | ame of Contact reison   |   |  |  |  |
|  | Chanel Beauty Salon,Inc                    |   |   |  |  |  |
|  | Firm/ Company                              |   |   |  |  |  |
|  | 692-West 29 St. Ste 3                      |   |   |  |  |  |
|  | Address                                    |   |   |  |  |  |
|  | Mi   | iami Florida 33012  |   |  |  |  |
|  | City/ State and Zip Code                   |   |   |  |  |  |
| _  |  | wer22@yahoo.es d for future annual report notification)   |   |  |  |  |
| For further informa  | ation concerning this matter,              | please call:  |   |  |  |  |
|  | liovis J Pereira                           | ar ( /  | 87-7766   |  |  |  |
| Name of Contact Person   |  | Area Code & Daytime Tel   | ephone Number   |  |  |  |
| Enclosed is a chec   | k for the following amount n               | nade payable to the Florida Depar   | tment 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 Circ | le  |  |  |  |

Tallahassee, FL 32301

## Articles of An endment to Articles of Incomporation of

| (Name of Corporation as currently filed with  |  |   |
|---|--|---|
| P07000063480  |  |   |
| (Document Number of Corpora   |  |   |
| Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:   | utes, this <i>Florida Profit Corporation</i> adop  | ts the following  |
| A. If amending name, enter the new name of the corporation  | on:  |   |
| Cary's Beauty Salon   | ı, Inc   | _The new  |
| name must be distinguishable and contain the word "cor<br>abbreviation "Corp.," "Inc.," or Co.," or the designation "C<br>name must contain the word "chartered," "professional assoc | Corp," "Inc," or "Co". A professional co   | l" or the<br>orporation   |
| B. Enter new principal office address, if applicable:   | 692 West 29 St Ste 3   | -   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Miami Fl. 33012  |   |
| 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                                 | Same  Same | SEURETARY OF STATE OIVISION OF CORPORATIONS 10 AUG 16 AM II: 12 |
| new registered agent and/or the new registered office ac  | ddress:  |   |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address: (Flo   | orida street address)  |   |
|   | , Florida  |   |
| (Cit)   | y) (Zip Code)  |   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan  | Agent: miliar with and accept the obligations of the   | : position.   |
| Signature of Ne   | w Registered Agent, if changing  |   |
|   |  |   |

| <u>If amendi</u>            | ng the Officers and/or Directors, en                                  | ter the title and name of each                                     | officer/director being                    |
|-----------------------------|---|--|---|
| removed a                   | ing title, name, and address of each                                  | Offic rand/or Director bein  | g added:                                  |
| (Attach add                 | ditional sheets, if necessary)  |  |   |
| <u>Title</u>                | <u>Name</u>   | \L\dress   | Type of Action                            |
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| E If amen                   | ding or adding additional Articles,                                   | antar changa(s) hara   |   |
|                             | additional sheets, if necessary). (Be                                 |  |   |
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| T3 Y6 -                     |   |  |   |
| r. <u>II an a</u><br>provis | mendment provides for an exchang<br>ions for implementing the amendme | e, reclassification, or cancella<br>ent if not contained in the am | tion of issued shares,<br>endment itself: |
|                             | not applicable, indicate N/A)   | <u> </u>   | SHEET LISTER                              |
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| The date of each amendmen                          | t(s) adoption: 08                        | /13/2010                             |   |
|--|--|--------------------------------------|---|
| Effective date if applicable:                      | 08/13/2010                               | (date of ado                         | ion is req ured)  |
|  | (no more than 9                          | 0 days after am                      | en.lment file date)   |
| Adoption of Amendment(s)                           | (СН                                      | ECK ONE)                             |   |
| The amendment(s) was/we by the shareholders was/w  | re adopted by the ere sufficient for a   | shareholders. 7<br>pproval.          | The number of votes cast for the amendment(s)   |
| The amendment(s) was/we must be separately provide | re approved by the<br>od for each voting | e shareholders t<br>group entitled t | hrough voting groups. The following statement o vote separately on the amendment(s):        |
| "The number of votes                               | cast for the amend                       | lment(s) was/w                       | ere sufficient for approval   |
| by   | (voting group)                           | <del></del>                          | ,,  |
|  | (voting group)                           |                                      |   |
| The amendment(s) was/we action was not required.   | re adopted by the                        | board of directo                     | ors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.   | re adopted by the                        | incorporators w                      | rithout shareholder action and shareholder  |
| Dated 08/1   | 2/2010                                   |                                      | <del>-</del>  |
| Signature  | <del></del>                              | Dione.                               | Yout.   |
| sele   |  | orator – if in th                    | cer—if directors or officers have not been e hands of a receiver, trustee, or other court ) |
|  |  | Niovís                               | J Pereira   |
|  | (Тур                                     | ed or printed na                     | ame of person signing)  |
|  |  |                                      | esident   |
|  | (Title of                                | person signing                       | )   |