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10 OCT 15 AM 10: 24

SECRETARY OF STATE TALLAHASSEE: FLORIDA

Amend, 15/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	SPECIALIZE	D BEAUTY CEN	TER CORP
DOCUMENT NU	J MBER:		P07000075457	•
The enclosed Artic	cles of Amendment a	nd fee are submitte	ed for filing.	
Please return all co	orrespondence concer	ning this matter to	the following:	
		Aixa A		
		Tunio of Cont	4001 015011	
		Equinox Solu	npany	
		riili/ Coi	прану	
6900 S ORANGE BLOSSOM TRL SUITE 408		08		
		Addre	;ss	
ORLANDO, FL 32809				
		City/ State and	•	
	BEAUTYCA E-mail address: (AREERCENTER to be used for future a	@HOTMAIL.COM	
For further inform	ation concerning this	matter, please call	l:	
	AIXA AVILES	at (407	
	e of Contact Person		Area Code & Daytime To	•
Enclosed is a chec	k for the following ar	nount made payab	ole to the Florida Depa	ertment of State:
✓ \$35 Filing Fee ✓ State ✓ Stat	☐ \$43.75 Filing Fee Certificate of Stat	tus Cer	3.75 Filing Fee & rtified Copy ditional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			et Address adment Section	
Division of Corporations		Divis	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		2661	on Building Executive Center Circ hassee, FL 32301	cle

Articles of Amendment to **Articles of Incorporation**

SPECIALIZED BEAUTY CENTER CORP.

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

P07	000075457	
(Document Nur	nber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the follo
A. If amending name, enter the new name o	f the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		A
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		nd accept the obligations of the position.
	CM D	1 4 iC-1i

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>	<u>Name</u>	<u>Address</u>	Type of Action
O STEVEN JUSNO	STEVEN JUSNO	3300 SWEET JAFFA DR KISS, FL 34746	
	•		_
(attach ad	ding or adding additional Articles, dditional sheets, if necessary). (Be	e specific)	
		,	
<u>provisi</u>		ze, reclassification, or cancellation of ent if not contained in the amendme	

The date of each amendmen	t(s) adoption: OCT 7, 2010
Effective date <u>if applicable</u> :	OCT 7, 2010 (date of adoption is required)
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_OC	Γ 8, 2010
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	AMADO ALVAREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)