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COVER LETTER

NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Spring Fl City State and Zip Code E-mail address: (to be yed for future annual report notification) For further information concerning this matter, please call: at (<u>407</u>) <u>927 – 83 24</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43,75 Filing Fee & 1\$43.75 Filing Fee & 52.50 Filing Fee S35 Filling Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

X. O Nails & Spa 2: 20: 7:27
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
(Document Number of Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The X. Nails & SDA Inc The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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: 5695 Red Rus Laice Road
(Principal office address MUST BE A STREET ADDRESS) W. nter Spring FL 32708
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S695 Red Bug Lake Road Winter Springs, FL 32708
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
4306 Comet cont
New Registered Office Address: Oured of City) . Florida 32765
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
Signature of New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

. 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 officer/director title by the first letter of the office title:

P - President; V-- Vice President; T-- Treasurer; S-- Secretary; D-- Director; TR-- Trustee; C-- Chairman or Clerk; CEO = Chief Executive Officer; CEO-- 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.

X Change	\overline{PT}	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1) Change			 	
Add				
Remove				
2) Change			 _	
Add				
Remove 3) Change				
Add				
Remove				
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Add			And the second s	
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51 Change			 	
Add			·	
Remove				
6) Change				
Add				
Remove				

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<u>an amendment p</u>	rovides for an excl	<u>iange, reclassifica</u>	tion, or cancell	ation of issued	shares,	
rovisions for imp	lementing the ame	indment if not con	tained in the a	<u>mendment itsel</u>	<u>lt:</u>	
(if not applicab	le, indicate N/A)					
						
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The date of each amendment(s) adoption:date this document was signed.	07/20	./21	, if other than the
Effective date if applicable:	07/Z6/	Z after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		statutory tiling requirements.	this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board	of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ber of votes east for the amer	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes east for the amo	endment(s) was/were suf	licient for approval	
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(vo	oling group)		
	6/.21 sc		
		f directors or officers have no	
	ry by that fiduciary)	ls of a receiver, trustee, or ot	ici couri
	Loc D)	
	(Typed or printed name	of person signing)	
_	President	H	
	(Title of person signing)		