# P08000020161

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09 JUL -7 PM IZ: 38
SECRETARY OF STATE

Mare Changle
Amend
7/8/19

#### **COVER LETTER**

TO: Amendment Sec Division of Corp		,	
NAME OF CORPO	RATION: <u>Color</u>	techs Salon IN	<i>c</i>
DOCUMENT NUM	iber: <u>70800</u> 0	020161	<del></del>
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
	Jennife	Vame of Contact Person	- <u></u>
	colortech	S Salon Firm/Company	<del> </del>
: <u>1</u>	orlando	Address  F1 32806  City/ State and Zip Code	
·	E-mail address: (to be use	lo/・coか d for future annual report notification)	<del></del> .
For further information	on concerning this matter,	please call:	
	er Wells Contact Person	at ( <u>407</u> ) <u>921</u> Area Code & Daytime To	<del></del>
Enclosed is a check for	or the following amount n	nade payable to the Florida Depa	rtment 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 Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	:le

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2009

JENNIFER WELLS 107 GATLIN AVE. ORLANDO, FL 32806

SUBJECT: COLORTECHS SALON INC.

Ref. Number: P08000020161

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

PLEASE LIST A TITLE FOR THE NEW OFFICER BEING ADDED TO THE CORPORATION.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 209A00021787

SECRETARY OF STATE TARES TATE AND SECRETARY OF STATE AND SECRETARY O

#### **Articles of Amendment**

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Colortechs Sal				
(Name of Corporation as current	<u>itly filed with</u>	<u>the Florida Dep</u>	t. of State)	32 3
<u> </u>	0161			
(Document Numl		ion (if known)		- (25) 38
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statut	tes, this <i>Florida</i>	Profit Corpora	tion adopts the follow
. If amending name, enter the new name of	the corporatio	<u>n:</u>		
CIRCA 67 SAI ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the c ame must contain the word "chartered," "profe	he word "corp designation "C	ooration," "com 'orp," "Inc," or	pany," or "inc "Co". A profe	corporated" or the ssional corporation
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		SAM	e - 10 0	change
•		<del></del>		
Tratage many mailing address if applicables			•	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	Same n	o chans	<del>-1</del>
	<del></del>			<del>-</del>
. If amending the registered agent and/or re			<u>ida, enter the n</u>	ame of the
new registered agent and/or the new regist	ered office add	oress:		
Name of New Registered Agent:		Same		
		~		
New Registered Office Address:	(Flori	ida street addres.	s)	
		_	m	, \
-	(City)		, Florie (Zip Code)	1a
	(Chy)		(Zip Couc)	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered ag			cept the obligation	ons of the position.
<u></u>		SAM	<u> </u>	_
Sig	nature of New	SAM Registered Agen	t, if changing	_ <del>_</del>

## 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 . <u>Name</u> <u>Address</u> **Type of Action** Jennifer Wells orlando FI 32806 ☐ Add ☐ Remove ☐ 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(	Adoption: 6-9-09  (date of adoption is required)  6-9-09  no more than 90 days' after amendment file date)
•	(date of adoption is required)
Effective date <u>if applicable</u> : 🕝	6-9-09
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval,
* /	approved by the shareholders through voting groups. The following statem for 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	oting group)
(	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated7	15-09
Signature	Veneth Echart  director, president or other officer – if directors or officers have not been
selec	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	KENNETH FCK HART  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President Director (Title of person signing)
	(The of beison rightig)