## P0800033358

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ći	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500165253425

anerel

01/15/10--01002--013 \*\*35.00



FILED

BIO JAN 15 AH ID: 47

BECRETARY OF STATE

LLAHASSEF FINALE



**ECFS** 

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101

CORAL GABLES, FL 33134 PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY		

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

GLAMOUR NE	IL SALON, CORP. PO800003335
(Corporation Name)	(Document #)
Walk in Pick up	time Certified Copy
Mail out Will wai	t Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS 2
Profit	X Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
,	
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Other

## Articles of Amendment to Articles of Incorporation of

FILED

GLAN	MOUR NAIL SALON, CORP.    State   ECRETARY OF STATE
(Name of Corporation as curr	rently filed with the Florida Dept. of State FCRF 74.0: 47
	P08000033358
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "incorporated" or the e designation "Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A."
B. Enter new principal office address, if ap-	
(Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)
C. Enter new mailing address, if applicable	
(Mailing address <u>MAY BE A POST OFF)</u>	(CE BOX)
	<del></del>
	registered office address in Florida, enter the name of the
new registered agent and/or the new reg	istered office address:
Name of New Registered Agent:	SANG QUANG WING
	7195 SW 8 STREET
New Registered Office Address:	(Florida street address)
	MIAMI , Florida 33144
	(City) (Zip Code)
	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

## 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>		Name	Address	Type of Action
P/D	; •	MIN LIU	7195 SW 8 STREET MIAMI. FL 33144	☐ Add ☑ Remove
P/D		SANG QUANG WING	7195 SW 8 STREET MIAMI, FL 33144	☑ Add □ Remove
		<u>.</u>		☐ Add ☐ Remove
prov	visions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendme	nt(s) adoption: 01/14/2010
Effective date <u>if applicable</u>	(date of adoption is required)
Effective date in applicable	(no more than 90 days after amendment file date)
Adoption of Amendment(s	) ( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
` ,	were approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	.,,
• •	(voting group)
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated_01	/14/2010
Signature	1112
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	MIN LIU
	(Typed or printed name of person signing)
	P/D
	(Title of person signing)