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Special Instruction	ns to Filing Officer:
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SECRETARY OF STATE





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Mr. C's Hair Mechanics, Inc.	
	P08000035952	
DOCUMENT NUMBER:	F0000005352	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Di	one D. Concension	
	ana R. Concepcion	
	dame of Contact Person	
Mr. C'	's Hair Mechanics, Inc.	
	Firm/ Company	
	705 NE 6th Place	
<u> </u>	Address	
	Addiess	
Ca	pe Coral, FL. 33909.	
C	City/ State and Zip Code	
concepc	cionred2@aol.com	
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter,	please call:	
Diana B. Cananaian	at (239) . 464-9281	
Diana R. Concepcion	at (
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:	
	-	
\$35 Fiting Fee \$43.75 Fiting Fee.&	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee	
Certificate of Status	Certified Copy Certificate of Status	
	(Additional copy is enclosed) Certified Copy (Additional Copy is enclose	·d)
	(Auditonia copy is enerose	,
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	•
- Tallahassee, FL 32314	2661 Executive Center Circle	
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Articles of Incorporation 10 JUL -8 PM 12: 20 Mr. C's Hair Mechanics, Inc. Mr. C's Hair Mechan

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name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	ation "Co	rp," "Inc	or "C	o". A	professio		
3. Enter new principal office address, if applicable:							
Principal office address <u>MUST BE A STREET ADD</u>				- 1			
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	S O		· · · ·	•			•
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Name of New Registered Agent:		·				•	
				,		-	•
New Registered Office Address:	(Floria	a street a	ddress)	,		•	;
				÷	. Florida		
	– (City)			(Zip	Code) -		
New Registered Agent's Signature, if changing Regi					. · ·		•
hereby accept the appointment as registered agent. 1	am famil	ar with a	nd accep	t the o	bligations	of the	position
Signatur	e of New i	Registerea	l Agent.	if chan	eing		•

	the Officers and/or D				
	d title, name, and add		cer and/or Dir	cctor being added	
Title	<u>Name</u>	•	Address	•	Type of Action
Vice P	Christopher Con	cepcion	1705 NE 6	th Place ·	☐ Add
			-		☐ Remove
		<u>.</u>	Cape Cora	I. FL. 33909	
Treasu	Diana R. Concep	ocion	1705 NE 6	th Place	□ Add □ Remove
			Cape Cora	I. FL. 33909	_ M Kelilove
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The date of each amendme			. :		
Effective date if applicable	June 15, 2010 (d	late of adoption is re	quired)	·	
	(no more than 90 da	ys after amendment	file date)	:	
		=			
Adoption of Amendment(s)	(CHECH	(ONE)			•
The amendment(s) was/v by the shareholders was/v			per of votes o	cast for the a	mendment(s)
The amendment(s) was/v					
"The number of vote	es cast for the amendmen	nt(s) was/were suffic	cient for appr	roval	
by	·		 "		
	(voting group)			,	•
The amendment(s) was/v action was not required. The amendment(s) was/v action was not required.			:		
Dated_Jui	ne 15th , 2010	,,		•	
Signature		\mathcal{A}	•		
SE	By a director, president of the state of the	tor – if in the hands o			
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	(Typed o	or printed name of po	erson signing	g) ·	
		Vice Presider	nt	ē.	•··.
•	(Title of per		· · · · · · · · · · · · · · · · · · ·		_
	. (Title of per	oon signing)		;	