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Arrow firm

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Cobne	TIQUE DAY S	PA : SALON 2, INC
_	00437 <i>a</i> a	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
DIANA (SPIEF	
	Name of Contact Person	1
OSMOTIQUE		JALOND INC
	Firm/ Company	• •
9040 Bo	NITA BEACH	ROAD
	Address	
BALL'A SE	PRINGS, FL	34135
- Julia Ci	City/ State and Zip Cod	e
	0.0, 0.000 a.c. 2.p 000	
CASANTIQUEAO	COLLETS & Co	AAIL CAN
Cosmoti QuE Ac E-mail address: (to be	used for future annual report	notification)
L'Hian address. (w or	c used for future aimain report	nonneation
For further information concerning this matter, pl	lease call:	
The Gairs	., 239	273-6286
Name of Contact Person	at (d v)	de & Daytime Telephone Number
Name of Contact Person	AleaCo	de & Dayume Terephone Number
Enclosed is a check for the following amount ma	de pavable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee &	& □\$43.75 Filing Fee &	\$52.50 Filing Fee
Certificate of Status		Certificate of Status
,	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy
		is enclosed)
Mailing Address		Address
Amendment Section		lment Section
Division of Corporations P.O. Box 6327		on of Corporations Building
Tallahassee FL 32314		Durgurig Evecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



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

Po800043722 (Document Number of Corporation (if known)

endment(s) to

A. If amending name, enter the new name of the corporation:	i The n
name must be distinguishable and contain the word "corpord" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviati or "Co". A professional corporation name must contain
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9040 BONITA BEACH ROAD BONITA SPRINGS, FL 241.
 If amending the registered agent and/or registered office a new registered agent and/or the new registered office add 	
Name of New Registered Agent CATHERINE	B. STEWMON
9040 BONE (Florida	TA BEACH KOAD a street address)
New Registered Office Address: BONNA SP	RIN6S , Florida 34/35 (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
hereby accept the appointment as registered agent. I am famili	
Catherina Ste	red 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)

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; CFO = 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 <math>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.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PYT, S,D	MANCY HERMANDEZ	9040 BONDA BEALL RD
Add Remove	TR, c, CEO, CFO	•	BONTA SPRINGS, FL 34/35
2) Change	PATS D		90 40 BON IT A BEACH RD
Add	TK,C, (50)	/	Bonria SPRINGS FL 34/3
Remove	U.		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
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	or adding additional Assonal sheets, if necessary)). (Be specific)		
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an ameri	ment provides for an ex-	change, reclassification	i, or cancellation of is	sued shares.
an amend	or implementing the aupplicable, indicate N/A)	nendment if not contain	<u>ied in the amendmen</u>	t itself:
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The date of each amendment(s) adoption: O2.01 - 2013		
Effective date if applicable:	2-01-2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by		
by	(voting group)	
action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder	
Dated 02-01-6	x013	
	resident or other officer – if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court	
	ary by that fiduciary)	
	WITHERING STEWMON	
	(Typed or printed name of person signing)	
	, , , , , , , , , , , , , , , , , , , ,	
_	RESIDENT	
•	(Title of person signing)	