P08000056478

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLESSING	BEAUTY SALON, INC
DOCUMENT NUM	BER: P0800005647	<u>'8</u>
	of Amendment and fee are su	
Please return all corre	espondence concerning this ma	atter to the following:
	OLGA GUZMAN	
		Name of Contact Person
	BLESSING BEAL	UTY SALON, INC
	824 E VINE STR	Firm/ Company EET
		Address
	KISSIMMEE, FL	34744 City/ State and Zip Code
01	CAVANIDACCON	
; <u>OL</u>	.GAYANIRA66@Y E-mail address: (to be us	sed for future annual report notification)
		se call:
For further information	on concerning this matter, pleas	se call:
DIANA MAR		_{at (} 321) 442-7972
•	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$2.50 Filing Fee
Am Div	iling Address endment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 AMA CALE AMA AMA AMA AMA AMA AMA AMA

Articles of Amendment to Articles of Incorporation of

BLESSING BEAUTY SALON, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000056478	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendment(s) to
A. If amending name, enter the new name of the corporation:	
BLESSING BEAUTY SALON & SUPPLY, INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	F 7
	三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
	_ 5 5
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:	12 HAR -T AN IO: OI
Name of New Registered Agent	BE -
	, p
(Florida street address)	
New Registered Office Address: , Florida	 -
(City) (Zip Code)	
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	ı.
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)

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 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	, <u>PT</u>	John Doe				
X Remove	Y	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s	
1) Change Add		. . 	· · · · · · · · · · · · · · · · · · ·			
Remove	•					
2) Change Add Remove			 	· .		
3) Change Add Remove						
4) Change Add Remove	,	·				
5) Change Add Remove		_		• 4		
6) Change Add 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(s) ac	loption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated $\times \frac{2/2}{2}$ Signature $\times \frac{2}{2}$	8/12 gayyanin
(By a df selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	OLGA GUZMAN
•	(Typed or printed name of person signing)
	PRESIDENT