

PO8UXX68785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

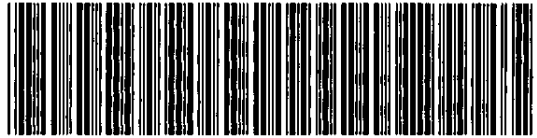
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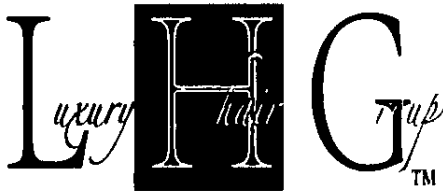
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR 15 PM 12:08

FILED

NC/Amend  
SL

Item 2



3085 Riverside Drive Coral Springs Florida, 33065  
[business@luxuryhairgroup.com](mailto:business@luxuryhairgroup.com)

March 11, 2010

To: Florida Department of State Division of Corporations

Re: No Intent to Revoke

On this day of March 11, 2010 *Luxury Hair Group Corp* Documentation Number P09000048388 Filed Articles of Dissolution to dissolve for mentioned Florida Corporation. This letter is to inform the State of Florida Department of State Division of Corporations That *Luxury Hair Group Corp* has no Intent to revoke, and give full permission to release the name *Luxury Hair Group Corp* effective immediately.

Sincerely



Jacqueline Jones  
President  
Luxury Hair Group Corp  
[jjones@luxuryhairgroup.com](mailto:jjones@luxuryhairgroup.com)  
(754)-422-0032

ITEM 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LUXURY HAIR EXTENSIONS INC.

**DOCUMENT NUMBER:** POA000068785

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE JONES  
(Name of Contact Person)

LUXURY HAIR EXTENSIONS INC.  
(Firm/ Company)

9381 W SAMPLE ROAD #207  
(Address)

CORAL SPRINGS FL 33065  
(City/ State and Zip Code)

JJONES@LUXURYHAIRGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE JONES at ( 754 ) 422-0032  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

LUXURY HAIR EXTENSIONS INC.

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

POB000068785

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LUXURY HAIR GROUP CORPORATION

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9381 W. Sample Rd.

#207

Coral Springs FL 33065

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street 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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: MARCH 10 2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated MARCH 10, 2010

Signature X

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jacqueline Jones  
(Typed or printed name of person signing)

President  
(Title of person signing)