PORO00103147

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SECRETARY OF STATE
TALLAHASSEF EL STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	GARDEN OF EDEN ON PALM BEACH, INC.	
DOCUMENT NU	J MBER:	P08000103147	
The enclosed Artic	cles of Amendment	and fee are submitted for filing.	
Please return all co	orrespondence conc	cerning this matter to the following:	
		ELIZABETH GONZALEZ	
		Name of Contact Person	
		Firm/ Company	
		1368 S MILITARY TRAIL SUITE L	
		Address	
•		WEST PALM BEACH, FL 33415 City/ State and Zip Code	
	E-mail address	s: (to be used for future annual report notification)	
For further information	ation concerning th	is matter, please call:	
	ABETH GONZALE of Contact Person	EZ at (561) 429-6191 Area Code & Daytime Telephone Number	
		amount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing F Certificate of S		losed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

GARDEN OF EDEI	N ON PALM BEAC	CH, INC.	
(Name of Corporation as curre	ently filed with the Floric	la Dept. of State)	40 9
P08	000103147		TO S
(Document Num	nber of Corporation (if known	own)	五二
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>F</i>	Florida Profit Corporation	adopts the fol
A. If amending name, enter the new name of	f the corporation:		RES
GARDEN OF BEAUTY	NAILS AND HAIR ST	UDIO INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "In	c," or "Co". A professio	oorated or the onal corporation
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		in Florida, enter the nam	e of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Agent:		

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)

Title	1	<u>Name</u>	<u>Address</u>	Type of Action
				☐ Add☐ Remove
				☐ Add ☐ Remove
				☐ Add☐ Remove
		g or adding additional Articles, et tional sheets, if necessary). (Be sp		
	provisions	ndment provides for an exchange, for implementing the amendmen applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 04/30/2009
	04/30/2009
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
·	4/30/09
Signature _	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	YOUSYS GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)