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C. LEWIS

OCT 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROYAL ESSENCE DAY SPA INC
NAME OF CORPORATION: ROYAL ESSENCE DAY SPA INC. DOCUMENT NUMBER: PO9000008378
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVETY CARUSO RA Name of Contact Person
MILLER + CARUSO, CLC Firm/Company
456 N. HARBOR CITY BUD Address
MELBOURNE FL 32935 City/ State and Zip Code
MELBOURNETAXSCAYER & GMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOM NGUYEN at (32) 360 6300 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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KOYAL ESSENCE DAY	SPK INC	
	filed with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
P0900000 83	3.48	MECANASSEE, FLORIDA
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc," or "Co". A professional c	ncorporated" or the abbreviation orporation name must contain the
3. Enter new principal office address, if application of the principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	·
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ne name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, F	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		zations of the position.
, , , , , , , , , , , , , , , , , , , ,	- James and accept the cong	
Ciruatura of	New Registered Agent if changing	<u> </u>

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	<u>V</u>	Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	KHOA DOWN	4866 BIG ISLAND DR
Add			UNIT 103
Remove			JACKSONVILLE, FL 32276
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add .			
Remove			

Attach <i>additional sheet</i>	s, if necessary).	les, enter change (Be specific)	<u> </u>		
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		-			
If an amendment prov provisions for implem (if not applicable,	tenting the amend	nge, reclassificati Iment if not conta	on, or cancellation nined in the amend	ı of issued shares, lment itself:	
				.	
				· · · · · · · · · · · · · · · · · · ·	

The Live of an in a second and the	ada ada a		FI	
The date of each amendment(s) a date this document was signed.	adoption:		13 950 0	strip other than the
Effective date if applicable:			SECT 25	AM 10: 03
	(no mo	ore than 90 days after amendment	file dare LAHASSEE	STATE FLORIDA
Adoption of Amendment(s)	(<u>CHECK O</u>	<u>NE</u>)		, OA
The amendment(s) was/were ad by the shareholders was/were s	lopted by the sharehold ufficient for approval.	ders. The number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided fo		olders through voting groups. The ntitled to vote separately on the a		
"The number of votes cas	t for the amendment(s)) was/were sufficient for approval	I	
by	(voting grou		,,,	
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☐ The amendment(s) was/were ad action was not required.	opted by the board of	directors without shareholder act	ion and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorpora	ators without shareholder action a	and shareholder	
Dated	119-2	2-13		
selecte		other officer – if directors or officer – if in the hands of a receiver, truffiduciary)		_
	CAM	YEV EN		
	(T;	yped or printed name of person si	gning)	
		PRESIDENT		
		(Title of person signing)		