# P09000019471

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION:	AMERICAN BEAUTY WRAP, INC.			
DOCUMENT NUMI	BER:P09000019471				
The enclosed Articles	of Amendment and f	ee are submitted for filing.			
Please return all corre	spondence concernin	this matter to the following:			
		GAYLE WRAY	<del></del>		
		Name of Contact Person			
	Т	HE BEAUTYWRAP, INC.			
		Firm/ Company			
	300	EXECUTIVE DR. STE 160			
		Address			
	CLEARWATER, FL 33762		FAE	2010	زعيب
		City/ State and Zip Code	CRET	JAN	E(
	LAURRA E-mail address: (to b	C@TAMPABAY.RR.COM used for future annual report notification)	ARY O	29 1	RECEIVED
For further informatio	n concerning this ma	ter, please call:	F STATE	2010 JAN 29 AM 8: 00	T C
LAURI	RA CHANCEY	at ( 813 ) 872-6494	Øm.	Ö	
Name of (	Contact Person	Area Code & Daytime Telephone Nu	mber		
Enclosed is a check fo	or the following amou	nt made payable to the Florida Department of S	State:		
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certification (Additional copy is enclosed) Certification	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose		nclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		•	
rananassee, r	L J&J (4	Tallahassee, FL 32301		٠,	



January 21, 2010

GAYLE WRAY THE BEAUTYWRAP, INC. 3001 EXEXUTIVE DR., STE. 160 CLEARWATER, FL 33762

SUBJECT: AMERICAN BEAUTY WRAP, INC.

Ref. Number: P09000019471

We have received your document for AMERICAN BEAUTY WRAP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 810A00001668

Irene Albritton
Regulatory Specialist II

### **Articles of Amendment** Articles of Incorporation

#### AMERICAN BEAUTY WRAP, INC.

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

#### P09000019471

(Document Number of Corporation (if known)

		·
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the fol
A. If amending name, enter the new name of	the corporation:	
THE BEA	AUTYWRAP, INC.	The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if appl		
Principal office address <u>MUST BE A STREE</u>	I ADDKESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(maning amoress <u>marin beat to 110</u>		
D. If you are diver the president and amount and for	aniata and a ffine and decreasing	Planida autor the name of the
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new regis</li> </ol>		r Fiorida, enter the name of the
Name of New Registered Agent:		
		Marie Marie Marie Marie Marie and Appropriate Appare
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered as		nd accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · ·
	ignature of New Registered	Agent, if changing

Page 1 of 3

## 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) Address **Type of Action** Title Name ☐ Add ☐ Remove ☐ 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 amendmen	t(s) adoption: <u>01</u>	//01/2010
Effective date <u>if applicable</u> :	01/01/2010	(date of adoption is required)
••••••••••••••••••••••••••••••••••••••	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(CH	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		**
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated_01/0	08/2010	
Signature _	Mayle	Wran
(By	a director presid	lent or other officer - if directors or officers have not been
	ected, by an incorpointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		GAYLE WRAY
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title of	f person signing)