

PO9000030076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 FEB 14 PM 10:44

*Amend*

FEB 21 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2014

LUCY STALEY  
EXCELSIOR HAIR AND SPA INC.  
961 NW 171ST TERRACE  
MAIMI, FL 33169 US

SUBJECT: EXCELSIOR HAIR AND SPA INC  
Ref. Number: P09000030076

We have received your document for EXCELSIOR HAIR AND SPA INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select the appropriate type of action for RONALD PIERRE on page 2.

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 714A00002251

RECEIVED  
14 FEB 14 AM 10:41  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EXCELSIOR HAIR AND SPA INC.

14 FEB 14 PM 10:44

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

P09000030076

(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:**

*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)

20733 NW 2nd AVE

MIAMI FL. 33179

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3520 NW 197th STREET

MIAMI GARDEN FL. 33056

**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: LUCY STALEY

861 NW 171st TERRACE

(Florida street address)

New Registered Office Address:

MIAMI

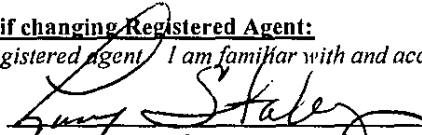
(City)

Florida 33169

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>PRES</u>	<u>BRENDA D. POWELL</u>	<u>3520 NW 197th STREET</u> <u>MIAMI FL. 33056</u>
2) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>CEO</u>	<u>SHANRIKA DUHART</u>	<u>3520 NW 197th STREET</u> <u>MIAMI FL. 33056</u>
3) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>PRES</u>	<u>RONALD PIERRE</u>	<u>20733 NW 2nd AVE</u> <u>MIAMI GARDEN FL. 33179</u>
4) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>PRES</u>	<u>KATHLEEN BARREAU</u>	<u>20733 NW 2nd AVE</u> <u>MIAMI GARDEN FL. 33179</u>
5) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____
6) ____ Change ____ Add ____ Remove	_____	_____	_____ _____ _____

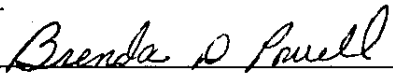
[illegible]

The date of each amendment(s) adoption: 11/13/2013, if other than the date this document was signed.

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 11/13/2013  
Signature BRENDA D. POWELL   
(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)

BRENDA D. POWELL  
(Typed or printed name of person signing)  
PRESIDENT/TREASURER  
(Title of person signing)