P09000043861

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SECRETARY OF STATE

N.C.

C.COULLIETTE

JUN 1 1 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	FLOWER SPA INC	
DOCUMENT NU	JMBER:	P09000043861	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		SANA J. MARTINEZ	
	N	lame of Contact Person	
		Firm/ Company	
	3854 NOI	RTH UNIVERSITY DRIVE	
		Address	
		RISE , FLORIDA 33351 ·· ity/ State and Zip Code	
		d for future annual report notification)	
,	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
ROS	ANA J. MARTINEZ	at (786) 3 Area Code & Daytime Tel	3706651
Name	of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing An Amendmer Division of P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

Articles of Amendment

•	το	
. Articles	of Incorporation	
	of	₹s _
FLOWERS S	PA INC	
(Name of Corporation as currently file	d with the Florida Dept. of State)	
P0900004	3861	TARY OF
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i>	Some this foll
A. If amending name, enter the new name of the corp	poration:	
FLOWERS, INCO	RPORATED	The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designal name must contain the word "chartered," "professional	tion "Corp," "Inc," or "Co". A professional	ited" or the corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	SAME AS MENTIONED ABOV	Έ_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)) <u>N/A</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		<u>f the</u>
Name of New Registered Agent: SAME	AS MENTIONED ABOVE	
N/A New Registered Office Address:	(Florida street address)	
N/A	, Florida N/A	<u> </u>
	(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

		s, enter the title and name of each of each of each Officer and/or Director being a	
	tional sheets, if necessary)	cach Officer and/or Director being a	uucu.
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			_
 .			
N/A			
provisio		hange, reclassification, or cancellation of cancellation of contained in the amendament if not contained in the amendament.	
N/A			

The date of each amendmen	t(s) adoption: <u>06/03/2009</u>
Effective date if applicable:	06/03/2009
Enoçuire date <u>in apprious to</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 N/A	
-	(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
Dated_06/0	03/2009
	v a director, president or other officer – it 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)
	ROSANA J MARTINEZ
	(Typed or printed name of person signing)
	OWNER
	(Title of person signing)