P09000054809

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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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SEGRETARY OF STATE TALL'AHASSEE! FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2009

JULIE P. PINDER 529 SE SEAHOUSE DRIVE PORT ST LUCIE, FL 34983

SUBJECT: FANCY FACE INC. Ref. Number: P09000054809

We have received your document for FANCY FACE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

Julie P. Pinder must sign document in the space provided on the form.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00027817

COVER LETTER

TO: Amendment Section
Division of Corporations

; ,		.	
NAME OF CORPO	RATION:	FANCY FACE, INC.	
OOCUMENT NUMBER:		P09000054809	
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corre	spondence concerning thi	s matter to the following:	
	J	ULIE P. PINDER	
	N	ame of Contact Person	
<u></u>		Firm/ Company	
	4	3E	
		SEAHOUSE DRIVE	
_		Address	
		ST LUCIE, FL 34983	
	C	ity/ State and Zip Code	
	ym104	0@bellsouth.net	
	E-mail address: (to be use	d for future annual report notification)	
For further information	on concerning this matter,	please call:	
JULI	E P. PINDER	at (7772) 22	24-5793 ·
Name of	Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for	or the following amount m	nade payable to the Florida Depart	tment of State:
 \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Adda		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building 2661 Executive Center Circl	ρ
Tallahassee, FL 32314		2001 Executive Center Chel	•

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

F	ILEO
09 AUG 21	3 AM II
TALL'AHASSE	OF STATE
State)	LURIDA

FANCY FACE INC.

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

P09000054809

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1 aniendment(s) to its Articles of Incorporation	•	ida Profit Corporation adopts the folice
A. If amending name, enter the new name	e of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		
,		
C. Enter new mailing address, if applical	ble:	
(Mailing address MAY BE A POST OF	FICE BOX	
D. If amending the registered agent and/o	or registered office address in F	lorida, enter the name of the
new registered agent and/or the new re		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street add	ress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		accept the obligations of the position.
· _	Signature of New Registered A	gent, 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) Name Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III. PLEASE AMEND THE PURPOSE OF THIS CORPORATION TO: THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS: PRIVATE CARE. 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 amendment(s	adoption: $8/10/09$
•	(date of adoption is required)
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
• • • • • • • • • • • • • • • • • • • •	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- (voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 8	Tulu P. Ainter
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Typed or printed name of person signing) Julie P. Pinder (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)