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Florida Department of State

Division of Corporations Public Access System

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FREESTYLE SALON LOFTS & LIFESPA, INC.

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November 5, 2009

FLORIDA DEPARTMENT OF STATE

PREESTYLE SALON LOFTS & LIFESPA, INC. 5114 GLADE FERN CT. SARASOTA, FL 34238US

SUBJECT: FREESTYLE SALON LOFTS & LIFESPA, INC.

REF: P09000083832

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II FAX Aud. #: H09000235108 Letter Number: 809A00034874



P.O BOX 6327 - Tallahassee, Flonda 32314

Nov. (C. 2009, 2:45PM Fax Station : 11/03/2009 14:04 419-882-9661 KHLEIF PAGE 82 Articles of Amendment Articles of Incorporation nf FREESTYLE SALON LOFTS & LIFESPA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000083832 (Decument Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following runeridment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corneration: FREESTYLE SALON STUDIOS, INC. nume must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if nonlicable: (Mailing address MAY BE A POST OFFICE BOX) D. Hamending the registered agent and/or registered office address in Piorida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (ZID 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 Agens, if changing

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removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> <u>Name</u> Address Type of Action ☐ Add Remove ☐ 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

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eived Fax	16√ 03 2009 2±46FN	Fax Station :	MICK SPRADE IN	. р. 4
11/03/2809 14:04	419-882-9651	KHLEIF		PAGE 04
The date of each amendm		9/2009		
		(date of adoption is req	uired)	_
Effective date if applicable	(no more than 90 t	days after amendment f	ile date)	_
Adoption of Amendment((CHE	CK ONE)		
The amendment(s) wasing by the shareholders was			er of votes east for the amendm	ent(s)
			ting groups. The following state arately on the amendment(s):	emeni
"The number of vot	es cast for the amendor	iant(s) was/were suffici	cut for approval	
by			**	
.,	(voting group)			
The amendment(s) was/action was not required.		pard of directors withou	t shareholder netion and shareh	older
The amendment(s) was/action was not required.	were adopted by the in-	corporators without sha	reholder action and shareholde	r
Dated	10-29-09			
	1			
Signature		······································		_
9:	By a director, president elected, by an incorpor ppolated fiduciary by t	ator - if in the hands of	rectors or officers have not beer a receiver, trustee, or other co	1 1 rt
	Al Khi	ei E		
	(Турса	e i <u>f</u> I or printed pame of per	son signing)	
	Pres	sident		
	(Title of m	room ainning)	Control Control Control Control Control Control	

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