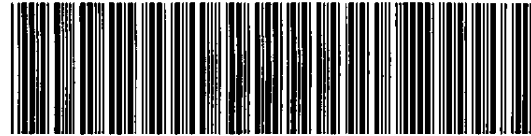


P 10000007386



500186748585

10/18/10--01018--005 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
10 OCT 15 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
DRG
10/26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2010

PILAR N. DEJESUS
PILAR N. DE JESUS & ASSOCIATES
14 ROSE DR.
FT. LAUDERDALE, FL 33316

SUBJECT: ANGELICA'S HAIR SALON, INC.
Ref. Number: P10000007386

We have received your document for ANGELICA'S HAIR SALON, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 710A00024482

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Angelica's Hair Salon, Inc.

DOCUMENT NUMBER: P10000007386

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pilar N. De Jesus

Name of Contact Person

Pilar N. De Jesus & Associates

Firm/ Company

14 Rose Drive

Address

Fort Lauderdale, Florida 33316

City/ State and Zip Code

dejesus.pilar@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
10 OCT 15 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pilar N. De Jesus

Name of Contact Person

at (954) 643-7111

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

October 12, 2010

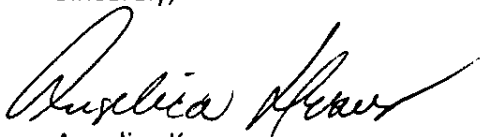
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment filing fee, Angelica's Hair Salon, Inc.

Dear Sirs:

Please find enclosed a check in the amount of \$35.00 as payment for amending the Articles of Incorporation of Angelica's Hair Salon, Inc., Document # P10000007386. The amendment forms were mailed under separate cover without payment, my apologies.

Sincerely,


Angelica Kraus

954-564-1824
Orlando Park

Articles of Amendment
to
Articles of Incorporation
of

Angelica's Hair Salon, Inc.

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

P10000007386

(Document Number of Corporation (if known))

FILED
10 OCT 15 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "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 applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Yinesqui Contreras</u>	<u>3656 North Andrews Ave</u> <u>Oakland Park, FL 33309</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Angelica Kraus</u>	<u>5271 NE 17th Ave</u> <u>Fort Lauderdale, FL 33334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> 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 amendment(s) adoption: _____

10/11/2010
(date of adoption is required)

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

10/11/2010

Signature _____

Y Contreras

(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)

Yinesqui Contreras

(Typed or printed name of person signing)

President

(Title of person signing)