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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TO MAR 29 AN 9: 37
ALLAHASSEE, FLORIDA

NOTATION AND A STATE

NOTA

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | RATION:C | oh La La with a Touch of | Class | | |
|--|--|--|--|--|--|
| DOCUMENT NUMI | UMENT NUMBER: L10000016024 | | | | |
| The enclosed Articles | of Amendment and fee ar | re submitted for filing. | | | |
| Please return all corre | spondence concerning this | s matter to the following: | | | |
| | | S. Wilkerson | | | |
| | Na | ame of Contact Person | | | |
| | Locklir | n, Jones & Saba, P.A. | | | |
| . | | Firm/ Company | | | |
| | 64 | 60 Justice Avenue | | | |
| | | Address | | | |
| | • • | | | | |
| | | Milton, FI 32570 | | | |
| • | Ci | ty/ State and Zip Code | | | |
| | Shirl@ | Dislawfirm.com | · | | |
| | | , | | | |
| For further information | n concerning this matter, | please call: | | | |
| | | at (| 23-2500 | | |
| Name of | Contact Person | Area Code & Daytime Tele | ephone Number | | |
| Enclosed is a check for | or the following amount m | ade payable to the Florida Depart | ment 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 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 Circl Tallahassee, FL 32301 | e | | |



March 22, 2010

S. WILKERSON 6460 JUSTICE AVENUE MILTON, FL 32570

SUBJECT: OOH LA LA WITH A'TOUCH OF CLASS, INC.

Ref. Number: P10000016024

We have received your document for OOH LA LA WITH A TOUCH OF CLASS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 410A00006970

Articles of Amendment to **Articles of Incorporation** of

OOH LA LA WITH A TOUCH OF CLASS, INC

| (Name of Corporation as currently filed with the Florida Dept. of Stat | (Name o | f Corporation | as currently | filed with t | he Florida Der | ot, of State |
|--|---------|---------------|--------------|--------------|----------------|--------------|
|--|---------|---------------|--------------|--------------|----------------|--------------|

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(Document Number of Corporation (if known)

| A. If amending name, enter the new name of the corporation | on: | | | |
|--|---|-----------------|---------------|-------|
| BEDAZZLE BOUTIO | NUE, INC. | 7 | he n | iew |
| name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ | orp," "Inc," or "Co". A profession | | | |
| B. Enter new principal office address, if applicable: | 2232 Zane Grey Lane | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Pensacola, FL 32534 | ALLA | 10 MAR 2 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2232 Zane Grey Lane Pensacola, FL 32534 | LASSEE, FIORIDA | R 29 AM 9: 37 | FILED |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | e of the | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: 2232 Zane Office | Grey Lane rida street address) | | | |
| Pensacola, | , Florida_ | 32534 | | |
| (City, | (Zip Code) | | | |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam | | of the p | ositio | on. |
| 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)

| Title | <u>Name</u> | Address | Type of Action |
|----------|---|---|----------------------------------|
| <u>P</u> | Deborah McIntyre | 2232 Zane Grey Lane Pensacola, FL 32534 | ☑ Add □ Remove |
| | | | |
| | | | L Remove |
| | | | |
| | | | |
| provisio | nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A) | reclassification, or cancellation of tif not contained in the amendment | of issued shares, ent itself: |
| | , | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: March 16, 2010 |
|--|--|
| TROC. Also J.A. (Complete Black) | March 16, 2010 (date of adoption is required) |
| Effective date it applicable: | (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 | ,, |
| • | (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 Ma | Albach My chitie |
| (By sele | Allow Low Courter officer – if 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) |
| | Deborah McIntyre |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |