

P100000031228

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(City/State/Zip/Phone #)

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(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 27 PM 3:41

Amend  
(10) 12/28/10

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Hot Headz Hair Salon Inc.

DOCUMENT NUMBER: P100000 31228

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

Please return all correspondence concerning this matter to the following:

Sherrie Shillingford  
Name of Contact Person

Hot Headz Hair Salon Inc.  
Firm/ Company

10718 Forebrick Ct.  
Address

Trinity, FL 34655  
City/ State and Zip Code

Sherrie.Shillingford@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherrie Shillingford at ( 727 ) 375-9867  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

*already paid*

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2010

SHERRIE SHILLINGFORD  
HOT HEADZ HAIR SALONS INC.  
10718 FIREBRICK CT.  
TRINITY, FL 34655

SUBJECT: HOT HEADZ HAIR SALONS INC.  
Ref. Number: P10000031228

We have received your document for HOT HEADZ HAIR SALONS 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):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 910A00029201



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2010

SHERRIE SHILLINGFORD  
HOT HEADZ HAIR SALONS INC.  
10718 FIREBRICK CT.  
TRINITY, FL 34655

SUBJECT: HOT HEADZ HAIR SALONS INC.  
Ref. Number: P10000031228

We have received your document for HOT HEADZ HAIR SALONS INC.. However, the document has not been filed and is being returned for the following:

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 510A00029202

Articles of Amendment  
to  
Articles of Incorporation  
of

Hot Headz Hair Salon Inc

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

P100000 31228

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 27 PM 3:41

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**)

10718 Forebrick Ct.  
Trinity, FL 34655

**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:

Wm. Shillingford

New Registered Office Address:

10718 Forebrick Ct.

(Florida street address)

Trinity

(City)

Florida

(Zip Code)

34655

**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.

Wm Shillingford

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>
P	Wm. Shillingford	10718 Firebrick Ct Trinity, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Sherrie Shillingford	10718 Firebrick Ct Trinity, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Carl Mowry	3300 Seaway Dr. New Port Richey FL or 54210 Westshore Dr. NPR, FL 34652	<input type="checkbox"/> Add <input checked="" 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: 12-3-2010  
(date of adoption is required)  
Effective date if applicable: 12-21-2010  
(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 12-21-10

Signature Sherrie Shillingford  
(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)

Sherrie Shillingford  
(Typed or printed name of person signing)

V.P.  
(Title of person signing)