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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: HOT HEADZ	Hair Salon Inc.			
DOCUMENT NUMBER: P 100000 31228				
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Sherrie : Name of Contact	Shilling ford Person			
Stylez of Firm/Compa	Trinity			
1322 Seven	Springs Blud			
Trinity Fl	3 4655 p Code			
Stylez of Trinity @ a E-mail address: (to be used for future arm	mail. Com hal report notification)			
For further information concerning this matter, please call:	•			
Sherrie Shilling Ford at (7) Name of Contact Person	rea Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable	to the Florida Department of State:			
Certificate of Status Certific	Filing Fee & Seed Copy Certificate of Status Copy Certified Copy (Additional Copy is enclosed)			
Division of Corporations Division P.O. Box 6327 Clifton I	nent Section of Corporations			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

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

(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i> adop	pts the following
A. If amending name, enter the new name of Too	of the corporation:	The new
abbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "incorporated the designation "Corp," "Inc," or "Co". A professional corpofessional association," or the abbreviation "P.A."	d" or the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		- -
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)	<u></u>	SECRETARY OF STATE PRESS OF COLUMN SESSION OF CO
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the	<u>1e</u>
Name of New Registered Agent:	Sherrie Shilling-ford 10718 Firebrick Ct.	
New Registered Office Address:	(Florida street address)	4655
	(City) J (Zip Code)	
	/ /	



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> CFO	Name Michael Stillingford	Address 10718 Frebrick G	Type of Action
	_	Trinity, F13160	Remove
<u>S</u>	Ryan Shillingford	10718 Firebrick Cf Trinity, F1 34655	Add Remove
			Add Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specified)		
	endment provides for an exchange, recla ns for implementing the amendment if n		
(if no	t applicable, indicate N/A)	or contained in the amendment i	
		,	

1 %	2/2/2/21
The date of each amendment	
Effective date <u>if applicable</u> :	3-1-2 (date of adoption is required)
<u>n applicatio</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
DatedC	2-26-2011
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Shercie Shilling Food (Typed or printed name of person signing)
	-, / _U P
	(Title of person signing)