P10000063812

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
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Certified Copies	_ Certificates	of Status		
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TO:18502456897 FROM:8132008430

Page:

2



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2015

ENISLEYDI DIAZ PEREZ

1ST CHOICE SERVICES OF TAMPA, CORP

8412 WOODAPPLE CT

TAMPA, FL 33615

1st Choice Services of Tampo, Corp.

SUBJECT: MS-T. WORLDWIDE BEAUTY SALON CO.

P100000063812 Ref. Number: P10000063612

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida profit Corporation, per section 607. This form is for a Florida Profit Benefit Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 715A00020100

450) 245-6897 TAX

TO:18502456897 FROM:8132008430

Page:

3

15 SEP 30 PH 2-2"

COVER LETTER

TO:	Amendment Section
	Division of Cornerations

NAME OF CORPORATION: 1st Choice Secvices OF Tampa, Corp

DOCUMENT NUMBER: P10000043812

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

Please return all correspondence concerning this matter to the following:

Enisleydi Diaz Perez	
Name of Contact Person	
1st Choice Services of Tampo (0	Kf
Firm/ Company	
8412 Woodapple Ct.	
Address	
Immpa, FL 33615.	
City/ State and Zip Code	
1 Choice tonga a gmail com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Enisleydi Diaz Pologal 813, 403-7007
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

☐\$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

Page: 194

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D. If amendi	ng the registere	d agent and/o	r registered of	Yice address	in Florida	, enter the n	ame of the		2
	tered agent and				-				<u> </u>
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Name	e of New Registe	rea_Agent				/	·		22
		_	8410	Z L.C.	1000	app	LE CT		
					iaaress)			326	15
<u>New</u>	Registered Offic	e Address:	160	MF -			, Florida_		
				(Cit	אין			(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.

Signatule of New Registered Agent, if changing

5

12:55

TO:18502456897 FROM:8132008430

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, 1' as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	Y Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	P Enisleydi Diaz for	13 8912 Waxdapple a
X Add	,	10 mpc, FX 33615
Remove		
2) Change	T Luis R Castro Vorjas	10 8318 Patsyst
Add		•
Remove	P INALVSROque	8318 Patsy St.
Add		Tampe 1233615
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

09/30/2015 12:55 TO:18502456897 FROM:8132008430

	(Be specific)
NIA	
71/4	
an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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Page: 7

The date of each amendment(s) adoption:	9/14/15	, if other than the
date this document was signed.		
Effective date if applicable:	9/14/15	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		t for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votile		
"The number of votes east for the arr	nendment(s) was/were sufficient for appro-	oval
by	voting group)	·"
6	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action	on and shareholder
Dated	15-7	
Signature	معن معمول المعمول	
(By a director, pr	resident or other officer - if directors or o	
	ncorporator—if in the hands of a receiver ary by that fiduciary)	, trustee, or other court
E	pisloudi Dia.	z Perez
	(Typed or printed name of person signi	ng)
	Prosident	
	(Title of person signing)	