# P1000070442

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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	ULTIMATE STYLES SALON INC	
DOCUMENT NUI	1BER:P10000070442		
The enclosed Articl	es of Amendment and fee	are submitted for filing.	
Please return all con	respondence concerning t	his matter to the following:	
-		JAN A. HENRIQUEZ Name of Contact Person	
-	J	AY'S ACCOUNTING Firm/ Company	
	PO BOX 678375		
		Address	
<del>-</del>		RLANDO, FL 32867 City/ State and Zip Code  aysaccounting.com sed for future annual report notification)	
For further informate	ion concerning this matter		
	I A. HENRIQUEZ of Contact Person	at ( 407 ) 977-7284  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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

FILED

MOV 23 AMII: 25

### **ULTIMATE STYLES SALON INC**

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

#### P10000070442

(Document Number of Corporation (if known)

	The
abbreviation "Corp.," "Inc.," or Co.," or	ain the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corpord "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if Principal office address <u>MUST BE A STI</u>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	
). If amending the registered agent and/	or registered office address in Florida, enter the name of the
new registered agent and/or the new i	
	REYNALDO RODRIGUEZ
Name of New Registered Agent:	
Name of New Registered Agent:	2720 S CHICKASAW TRAIL
Name of New Registered Agent:  New Registered Office Address:	
	2720 S CHICKASAW TRAIL (Florida street address)
	2720 S CHICKASAW TRAIL (Florida street address)

## 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>	Type of Action
<u>P</u>	JACKELINE RODRIGUEZ	2720 S CHICKASAW TRL ORLANDO, FL 32829	
<u>P</u>	REYNALDO RODRIGUEZ	4178 S CHICKASAW TRL	☑ Add □ Remove
	<del></del>		
	ding or adding additional Articles, ento dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, reons for implementing the amendment in applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: <u>10</u>	/01/2010
Effective date if applicable:	10/01/2010	(date of adoption is required)
	(no more than 9	0 days after amendment file date)
Adoption of Amendment(s)	(СН	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval
by		,,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated_///	19/10 Rimely	
. Signature	Reinelle	pores
(Ву	a director, presid	ent or other officer – if directors or officers have not been
	ointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court y that fiduciary)
		REYNALDO RODRIGUEZ
	(Тур	ped or printed name of person signing)
		PRESIDENT
	(Title of	person signing)