

P10000088011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

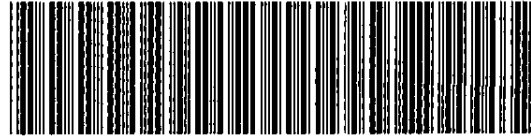
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000210235510

07/22/11--01028--003 **30.00

08/19/11--01003--005 **5.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 19 AM 11:52

FILED

Amend

TBrown 8-19-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MVP Medical Spa

DOCUMENT NUMBER: P10000088011

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

Please return all correspondence concerning this matter to the following:

Jonathan Hernandez
Name of Contact Person

MVP Medical Spa
Firm/ Company

11757 South Orange Blossom Trail Suite C
Address

Orlando FLORIDA 32837
City/ State and Zip Code

MVP Medical Spa inc @ Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Hernandez at (407) 968-7358
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

RECEIVED
11 AUG - 4 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2011

MARIA V PALACIO
MVP MEDICAL SPA, INC.
11757 S ORANGE BLOSSOM TRL STE C
ORLANDO, FL 32837

SUBJECT: MVP MEDICAL SPA, INC.
Ref. Number: P10000088011

We have received your document for MVP MEDICAL SPA, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 311A00017759



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2011

MARIA V PALACIO
MVP MEDICAL SPA, INC.
11757 S ORANGE BLOSSOM TRL STE C
ORLANDO, FL 32837

SUBJECT: MVP MEDICAL SPA, INC.
Ref. Number: P10000088011

We have received your document for MVP MEDICAL SPA, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 611A00018436

Articles of Amendment
to
Articles of Incorporation
of

MVP Medical Spa, inc.

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

P1000000 88011

(Document Number of Corporation (if known))

FILED
2011 AUG 19 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

Maria V. Palacio

New Registered Office Address:

11757 S. Orange Blossom trail suite C

(Florida street address)

Orlando

(City)

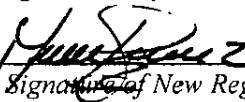
, Florida

32837

(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.



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>
<u>P</u>	<u>Mario R Perez</u>	<u>PO Box 470459</u> <u>CELEBRATION FL-</u> <u>34747-0459</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Maria V PALACIO</u>	<u>11757 S ORANGE</u> <u>BLOSSOM TRAIL</u> <u>ORLANDO-FL 32824</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>Maria E Palacio</u>	<u>11757 S ORANGE</u> <u>BLOSSOM TRAIL</u> <u>ORLANDO-FL 32824</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SEC</u>	<u>Jonathan Hernandez</u>	<u>ORLANDO-FL- 32824</u> <u>1624 CARIBOU HUNT Trl.</u> <u>ORLANDO-FL 32824</u>	<input checked="" type="checkbox"/> Add <input 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: 8/1/11
(date of adoption is required)

Effective date if applicable: _____
(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 8/1/11

Signature 

(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)

Maria V. Palacio
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)