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(Do	ocument Number)	
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R. WHITE

16 APR -8 PH I2: C

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: The Happ DOCUMENT NUMBER: P/0000094	y Hair + Nail Company 220				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter Rue 1 The Happy 170 N. Homestead ardiaz 035 Ga	Name of Contact Person Hair + Wail Company Firm/ Company HomeStead Blud. Address FL 33030 City/ State and Zip Code				
Grdiaz 035 @ Com cast. net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	call:				
Quelita Sardina	at (786) 218 -9644				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations				
Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FILED

	At ticles of fucul poration	•
The Happy Hair +	Nail Company	16 APR -8 PM 12: 03
(Name of Corporat	ion as currently filed with the F	lorida Dept. of State)
['] Plo	0000 94720	- Colony
(Docur	ment Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Co	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	o," "Inc," or "Co". A profession abbreviation "P.A." e:	or "incorporated" or the abbreviation and corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i></i>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		nter the name of the
Name of New Registered Agent May	ris F. Diaz	Vilcher
New Registered Office Address:	(Florida street address) (Gam; (City)	Ter. Florida FC 33177 (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

1

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, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	one <u>s</u>	
X Add	SV Sally St	<u>mith</u>	
Type of Action (Check One) 1) Change	Title	Name Quelita Sardina	Address 34540 SW 187 Wa
Add Remove 2) Change	V	Maria F. Diaz-Vild	Florida City, FC 39
Add Remove			13757 S.W. 158 Ter Wigni, FC 33177
3) Change Add Remove	**************************************		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or (Attach additions					ere:				
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Shares	Ot	? the		por por	ation.			···	
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F. If an amendme	nt provide	s for an exchar ting the amend	ge, recla	ssification,	or cancellati	on of issued	shares,		
	licable, ind		шені п с	iot containe	n in the ame	nament usen	<u>lė</u>		
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable: 04-05-2016	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was very adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval.	
The antendment(s) was 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	
(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)	
X Quelita Savaina (Typed or printed name of person signing)	
(Title of person signing)	
(inte or person signing)	