P10000094820

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COVER LETTER

TO: Amendment Section Division of Corporations

		ATION: THE VIP R		SPA INC
DOCUMEN	T NUMBI	ER: P1000009482	10	
The enclosed	Articles o	f Amendment and fee are su	bmitted for filing.	
Please return	all corresp	ondence concerning this ma	tter to the following:	
	,	APRIL CONDRO	N	
			Name of Contact Persor	1
	(CAPE COD MAN	IAGEMENT SVO	CINC
	_		Firm/ Company	
	3	314 NE 27TH ST	•	
	_		Address	
	1	WILTON MANOF	RS FL 33334-202	20
			City/ State and Zip Code	2
	APF	RILPEACH1@AC	OL COM	
		_	sed for future annual report	notification)
For further in	nformation	concerning this matter, pleas	se call:	
APRIL	COND	RON	at (954	, 630-8300
	Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a	check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filin	ig Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
			enclosed)	(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

THE VIP ROOM SALON & SPA INC

(Name of Corporation as currently	y filed with the Florida Dept. of Sta	te)	
P10000094820			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida Profit Corp	oration adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
	•		The new
name must be distinguishable and contain the was "Corp.," "Inc.," or Co.," or the designation "Co."	orp," "Inc," or "Co". A profession		
word "chartered," "professional association," or t	ne abbreviation "P.A.		
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
C. Enter new mailing address if annies black			S - 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	•	- m
,			
		2	~~~
D. If It also the least of the second			
D. If amending the registered agent and/or registered agent and/or the new register		er the name of the	
			
Name of New Registered Agent			
<u></u>			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	e)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		obligations of the posit	tion.
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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	TINOCO,FERNANDO D	3339 NE 32ND ST
Add			FT LAUDERDALE FL 33308
Remove			
2) X Change	D	GAUTHIER, GUYLAINE	3339 NE 32ND ST
Add			FT LAUDERDALE FL 33308
Remove			
3) Change			
Add			- y de - pipela
Remove			
4) Change	*****	<u> </u>	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			- , , , , , , , , , , , , , , , , , , ,
Pamova			

ttach <i>addit</i>	or adding additiona ional sheets, if necess	ary). (Be spec	ific)	_		
						
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	•					
						
an ameno	ment provides for a	n exchange, rec	assification, or	cancellation of	issued shares,	
rovisions	for implementing th	e amendment if	not contained	in the amendme	nt itself:	
(if not	applicable, indicate N	√A)				
						
				· ·	· . · · · · · · · · · · · · · · · · · ·	
						
		=				

The date of each amendment(s) adoption: 10/11/2012			
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.		
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for th	e amendment(s) was/were sufficient for approval		
by	(voting group)		
☐ The amendment(s) was/were adopted to action was not required.	by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder		
Dated 10/11/201	3/1/2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		
(By a directo selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)		
<u>FE</u>	RNANDO D TINOCO		
	(Typed or printed name of person signing)		
DIF	RECTOR		
	(Title of person signing)		