

12-01-11 01:35AM

20412583192

2/6
Page 1 of 1

P/1000027874

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000281324 3)))



H110002813243ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : MARY G STEWART CPA PA
Account Number : I20080000065
Phone : (941) 258-3191
Fax Number : (941) 258-3192

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mary 1 @ P+Charlotte CPA.com

FILED
11 DEC -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
OBSESSIONS HAIR MODA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amund

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000281324 3)))

th 12-1-11

12-01-11:11:35AM;

000001, 0001

12/1/2011 11:29:23 AM PAGE

19412583192
1/001 FAX 001001

1/ 6



December 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OBSSESSIONS HAIR MODA, INC.
2414 TAMiami TRAIL, UNIT 2
PORT CHARLOTTE, FL 33952

SUBJECT: OBSSESSIONS HAIR MODA, INC.
REF: P11000027874

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX And. #: H11000281324
Letter Number: 911A00026925

RECEIVED

11 DEC -1 AM 8:30

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 DEC -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OBSESSIONS HAIR MODA, INC.

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

P11000027874

(Document Number of Corporation (if known))

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:

N/A

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)

N/A

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: John H. Dunn

2745 1st Street Unit 1406

(Florida street address)

New Registered Office Address: Fort Myers

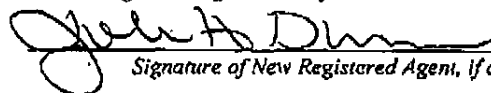
(City)

Florida 33916

(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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>Pres</u>	<u>John H. Dunn</u>	<u>2745 1st Street Unit 1406</u> <u>Fort Myers, FL 33916</u>
2) <u>Treas</u>	<u>John H. Dunn</u>	<u>2745 1st Street Unit 1406</u> <u>Fort Myers, FL 33916</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

IF REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>PT</u>	<u>Valorie J. Holden</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

12-01-11;11:35AM;

;9412583192

5/ 6

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

n/a

(((H11000281324 3)))

- 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: Date of filing 12-1-2011

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 November 30, 2011

Signature John H. Dunn

(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)

John H. Dunn

(Typed or printed name of person signing)

President

(Title of person signing)

(((H11000281324 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000281934 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

REGISTERED AGENT CHANGE
FOXMONT CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

* SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC - 1 PM 2:40

FILED

RECEIVED

11 DEC - 11 AM 8:23

DEPARTMENT OF CORP.
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

PA 10 ch