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SECRETARY OF STATE

MAR 0 7 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CHRISTEF	ANO BEAUTY	SUPPLY INC.
DOCUMENT NUMBER: P1	100005463	1	
The enclosed Articles of Amenda			
Please return all correspondence of	oncerning this mat	ter to the following:	
FANEI	FADAEL		
		Name of Contact Person)
CHRIS	STEFANO E	BEAUTY SUPPI	Y INC.
		Firm/ Company	
2610 8	SAWYER T	ERR	
		Address	
WELL	INGTON FI	∟ 33414	
·		City/ State and Zip Code	e
fanelfadae	el@yahoo.d	o.uk	
		ed for future annual report	notification)
For further information concerning	g this matter, pleas	e call:	
Fanel Fadael		_{at (} 561	596-8389
Name of Contact F	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Florida Depa	urtment of State:
•	75 Filing Fee & ificate 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 Addre Amendment Sex Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FI	Marana
12 HAR -	LED AHM:57
SECRETARY ALLAHASSE	OF STATE E FLORIDA

CHRISTEFANO TAKE OUT, INC.

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

P11000054631

(Document Number of Corporation (if known)

iment(s) to

Pursuant to the provisions of section 607.1006, Flots Articles of Incorporation:	orida Statutes, this Florida Profit Co	orporation adopts the following ame
. If amending name, enter the new name of the CHRISTEFANO BEAUTY SUP		The
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co". A professi	The or "incorporated" or the abbrevional corporation name must contain
Enter new principal office address, if applications of the principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
. If amending the registered agent and/or regi	istered office address in Florida. e	nter the name of the
new registered agent and/or the new register		neer the manie of the
Name of New Registered Agent		
<u> </u>	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ne obligations of the position
uppennimen us registered uges	эт учиний тип ана иссерь п	c congunities of the position.
Signature of	f 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 <math>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) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove		-	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		_	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
I made an error of the corporation in the previous name's
but the new name is:
CHRISTEFANO BEAUTY SUPPLY INC.
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: 3/1/12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	at for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 3/1/12	
Signature	A.
	rector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Fanel Fadael
	(Typed or printed name of person signing)
	President
	(Title of person signing)