P11000065621

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Na	tl City & Spa, Inc.	
DOCUMENT NU	MBER: P11000065621			
The enclosed Artic	cles of Amendment and fee a	re submitte	ed for filing.	
Please return all co	orrespondence concerning thi	is matter to	the following:	
		Scott Car		
	Name of Contact Person Nail City & Spa, Inc.		,	
		Firm/ Cor	npany	
	92	67 W Atla	intic Blvd	
3	11 · 1 · 14.	Addre	SS	
i de la companya de La companya de la co	1986g			
		al Springs ity/ State and	FL 33071	
	C	ity/ State and	1 Zip Code	
	E-mail address: (to be use	dayspa@a d for future a	aol.com nnual report notification)	
For further inform	ation concerning this matter,	please call	:	
	Scott Carothers of Contact Person	at (954) 7	53-1124
Name	of Contact Person		Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount m	nade payab	le to the Florida Depar	tment of State:
	\$43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fee & tified Copy ditional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendmer			t Address	
	f Corporations		ion of Corporations	
P.O. Box 6			n Building	
Tallahasse	e, FL 32314		Executive Center Circ hassee, FL 32301	le
		iana	140000, I 12 2220 I	

Articles of Amendment to Articles of Incorporation of	" FILED
Natl City & Spa, Inc	TAECRIC 13 AHIO
(Name of Corporation as currently filed with the Florida Dep	t. of State) AHARY
P11000065621	SEE FLORINE

(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:

	il City & Spa, Inc.		The
ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or ne must contain the word "chartered," "	the designation "Cor	p," "Inc," or "C	o". A professional corpora
Enter new principal office address, if a incipal office address MUST BE A STR.		n/a	
Enter new mailing address, if applical (Mailing address MAY BE A POST OF		n/a	
-			
If amending the registered agent and/onew registered agent and/or the new re			n, enter the name of the
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:			n, enter the name of the
new registered agent and/or the new re	n/a		n, enter the name of the
new registered agent and/or the new real Name of New Registered Agent:	n/a	ess:	, Florida

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>	Type of Action
	n/a		
			☐ Add ☐ Remove
	ding or adding additional Ar dditional sheets, if necessary).		
provisi		change, reclassification, or cancella endment if not contained in the am	
n/a			

The date of each amendment	t(s) adoption: September 30, 2011
Effective date if applicable:	(date of adoption is required) September 30, 2011 (no more than 90 days after amendment file date)
•	(no more than 90 days after amendment file date)
. Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Sep	tember 30, 2011
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)