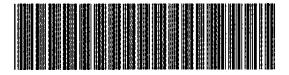
# P1100065874

(Requestor's Name)
(Address)
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#### **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: YOUR DAY	SPA, INC
DOCUMENT NUMBER: <u>P110000</u> 658	74
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
RICHTED # CF.	ELABRITA et Person
YOUR BAY SOA	T / NC
1000 W MCHFLS Address	RS SUTTE 02
PHPAM BEACH City/ State-and 2	FC 33069  Zip Code
RCA LAGRA LA LAGRA LAGRANGE AND	NUSTREET MERCEUS! WM nual report notification)
For further information concerning this matter, please call:	
RICHFIB F CHIFFINA at (C)	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Certi	5 Filing Fee & S52.50 Filing Fee fied Copy tional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amend Division of Corporations Division	Address  ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

#### **Articles of Amendment**

to

### **Articles of Incorporation**

of the state of th
YOUR DAY SPA, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1100006587H
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 <u>MUST BE A STREET ADDRESS</u> )
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: RICHTLD FT CHIFTS RIF 1000 W MCHFB RD SITE SUF
1000 W MCNAR RY JUTE SZJ
New Registered Office Address: (Florida street address)
PUHPTON BETTCH, Florida 33069 (City) (Zip Code)
(City) (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.
R THOMASAN,
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)

MANT			<u>Address</u>		Type of Action	-
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provisions	for implementing	the amendment if n				-
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provisions	for implementing	the amendment if n				-

The date of each amendment(s) a	doption: \ \ \sigma \sigma \ \sigma \sigma \sigma \ \sigma \ \sigma \ \sigma \sig
Effective date <u>if applicable</u> :	(date of adoption is required),
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statemen 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	ing group)
(vot	ng group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Of	21/20/1
Signature	- CATAINM
selected	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(Typed or printed name of person signing)
	DIAFETOK.
	(Title of person signing)