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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Salcy HALO				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ryan DiBenedetto Name of Contact Person				
Firm/ Company				
215) Merine Blud Address				
Spring Flui Flui 34609  City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Puyin DB wedetto at (357) 232 - 5054  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed)  S35 Filing Fee Certificate of Status (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certificate Opy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

9	·
SALON HALO, INC.	
(Name of Corporation as current P11000067549	tly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	2157 Meriner Blud Spring Hill FL 34609
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2157 mariner Blud Spring Hill FL 34609
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent Ryun DiBl	iner Plvd
New Registered Office Address: SPCINFLI	reet address), Florida

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

By the property of New Registered Agent, if changing

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 l	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	62HD	Barbara Brotely	SSS4 Baffincir
Add Remove			Spring Hill FL
2) Change Add	PTSD	Pyrn Di Bodetto	2157 marine (Blu Spring Hill FL34609
Remove 3)ChangeAdd			
Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch provisions for implementing the ame	<u>nange, reclassification, or c</u> nange, reclassification, or c	the amendment itself:	<u>s.</u>
(if not applicable, indicate N/A)	utilitii ii not containça tii	the amenament usen.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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	
Signature Pupin De Benedet	
(By a director, president or other officer – if directors or officers have not been selected, by air incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
Newly: PtD formy: VD (Title of person signing)	