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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: F.CLIPSE DOCUMENT NUMBER: PILOSO 71567 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company rezovarare yanoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DONITA BREZOVAR at (813) 645-0963

Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□ \$43.75** Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ECLIPSE PERMANENT (Name of Corporation as currently filed with the Florida Dept. of State P11000071567 (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: ECLIPSE COSMETIC ENHANCEMENTS 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) 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: New Registered Office Address: (Florida street address) 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, 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>	Address	Type of Action
			T Domovo
			□ Add □ Remove
		<u></u>	
	<u>/</u>		☐ Add ☐ Remove
F 16			
(attach a	ding or adding additional Articles, dditional sheets, if necessary). (Be	e specific)	
·			

	nendment provides for an exchang		
	ons for implementing the amendment of applicable, indicate N/A)	ent it not contained in the am	enument usen:

The date of each amendment	(s) adoption: 8-26-(1 (date of adoption is required)			
	(date of adoption is required)			
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.			
` ,	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes of	east for the amendment(s) was/were sufficient for approval			
by	"			
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder			
Dated	Mayor 20, 2011			
Signature	A Jonesa Tronovar			
(By	a director, president or other officer – if directors or officers have not been			
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court			
арро	pinted fiduciary by that fiduciary)			
	DONITA BREZOVAR			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			