

P11000084334

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
OCT 28 AM 10:52

Amend
C.COULLIETTE

OCT 28 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tropical Body Waxing Corporation

DOCUMENT NUMBER: P11000084334

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delfa D. Mancebo

(Name of Contact Person)

Tropical Body Waxing Corporation

(Firm/ Company)

362 Buenaventura Blvd.

(Address)

Kissimmee, FL 34743

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delfa D. Mancebo

(Name of Contact Person)

at (786) 286-6440

(Area Code & Daytime 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 &
Certificate 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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

DELFA D. MANCEBO
TROPICAL BODY WAXING CORPORATION
362 BENAVENTURA BLVD
KISSIMMEE, FL 34743

SUBJECT: TROPICAL BODY WAXING CORPORATION
Ref. Number: P11000084334

We have received your document for TROPICAL BODY WAXING CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 211A00023861

RECEIVED
11 OCT 28 AM 8:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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Division of Corporations

NAME OF CORPORATION: Tropical Body Waxing Corporation

DOCUMENT NUMBER: P11000084334

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2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Tropical Body Waxing Corporation

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

P11000084334

(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:

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 **MUST BE A STREET ADDRESS**)

8421 South Orange Blossom Trail

Orlando, FL 32809

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

362 Buenaventura Blvd.

Kissimmee, FL 34743

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)

_____, Florida
(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.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 28 AM 10:51

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>	<u>Type of Action</u>
P	Susan Tovar	11002 Wizard Way Apt. 103 Orlando, FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TR	Gloria M. Rivera	3008 Parkway Blvd. # 103 Kissimmee, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Gloria M. Rivera	3008 Parkway Blvd. # 103 Kissimmee, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

See additional
page attached.

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

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>	<u>Type of Action</u>
<u>P</u>	<u>Delfa D. Mancebo</u>	<u>362 Buenaventura Blvd.</u> <u>Kissimmee, FL 34743</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

change from V.P

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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: 10/10/2011
(date of adoption is required)
Effective date if applicable: 10/10/11
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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)

☐ 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 10/24/2011

Signature Susan Tovar
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Susan Tovar
(Typed or printed name of person signing)

President
(Title of person signing)