P11000096318

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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C. LEWIS NOV 1 4 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tru Hair, In	c.	
	BER: P1100009631		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Dennis W. Healey	y	
		Name of Contact Person	n
	As Seen On TV, I	nc.	
		Firm/ Company	
	14044 Icot Blvd		
		Address	
	Clearwater, FL 33	3760	
		City/ State and Zip Cod	e
dhe	ealey@astvinc.cor	n	
	E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please call:			
Dennis W. He	ealey	_{at (} 727	451-9521 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

13 NOV 12 PM 2: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tru Hair, Inc.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P11000096318		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment	l(s) to
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	N/A	
(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)	N/A	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent Dennis W. Heale	<u>y</u>	
14044 Icot Blvd		
(Florida stree		
New Registered Office Address: Clearwater	Florida 33760	
(City)	(Zip Code)	
New Registered Agent's Signature if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Dry INIA		
Signature of New Registered 4	vent. 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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Adrian Swaim	14044 Icot Blvd
Add			Clearwater, FL 33760
Remove			
2) Change	CFO	Dennis W. Healey	14044 Icot Bivd
✓ Add			Clearwater, FL 33760
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			
Remove			

	iding or adding additional Argaditional Argaditional sheets, if necessary).	He specific)
/A		
	- ·	
	· · · <u>-</u> · · ·	- W - W
		
	<u> </u>	
If an an	nendment provides for an exc ions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
provisi	not applicable, indicate N/A)	
provisi (if		
(if		
provisi (if		

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. '		· 1260
The date of each amendment(s) adoption: 11	/07/2013	13 NOV / Zif Other than the
date this document was signed. Effective date if applicable: 11/07/2013		13 NOV 12 of Pher than the SECRETARY OF STATE TALLAHASSEE, FLORIDA
Interior date in applicable.	(no more than 90 days after amendment file date)	Sec. FLORIDA
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amer pproval.	ndment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amer	dment(s) was/were sufficient for approval	
by	."	
by	ing group)	
action was not required.	poard of directors without shareholder action and sh	
action was not required.	ncorporators without shareholder action and shareholder	bider
Dated 11/07/2013		
Dated 170725		
2: 5-10	12/101	
Signature (By a director, pres	dent or other officer — Cdirectors of officers have n	ot been
	rporator – if In the hands of a receiver, trustee, or ot	
appointed fiduciary	by that fiduciary)	
Dennis V	√. Healey	
	(Typed or printed name of person signing)	
Chief Fir	ancial Officer	
	(Title of person signing)	