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| (Re | equestor's Name) | | | |
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| (Ad | ldress) | <u>.</u> . | | |
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| PICK-UP | WAIT | MAIL | | |
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| ertified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR. | ATION: WIGS AND HAIR | EXTENSIONS OF SARA | SOTA, INC. | |
|--|---|---|---|--|
| DOCUMENT NUMB | ER: | <u> </u> | | |
| The enclosed Articles of | f Amendment and fee are sub | omitted for filing. | | |
| Please return all corresp | nondence concerning this mat | ter to the following: | | |
| | TRICIA A SPENCER | | | |
| - | | Name of Contact Person | 1 | |
| • | WIGS AND HAIR EXTENSIONS OF SARASOTA, INC. | | | |
| - | | Firm/ Company | | |
| | 1617 S. TUTTLE AVE. SUIT | TE 2A | | |
| - | | Address | | |
| : | SARASOTA, FL 34239 | | | |
| - | | City/ State and Zip Code | 2 | |
| | TRICIA@TEDDUNNCPA.C | ОМ | | |
| - | E-mail address: (to be us | ed for future annual report | notification) | |
| For further information TRICIA A SPENCER | n concerning this matter, pleas | | 957-1771 | |
| Name of Contact Person | | Area Co | 957-1771 de & Daytime Telephone Number | |
| | the following amount made | | | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52,50 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 | | Amend Division The C 2415 i | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 | |

Articles of Amendment to Articles of Incorporation of

| WIGS AND HAIR EXTENSIONS OF SARASO |)ΤΑ. | $_{ m INC}$ |
|------------------------------------|------|-------------|
|------------------------------------|------|-------------|

| (Name o | of Corporation as curren | tly filed with the Florida Dept. of State) | و |
|---|--|---|-------------------------------------|
| 12000020723 | | | <u>ر</u> ش, |
| | (Document Number | of Corporation (if known) | |
| rsuant to the provisions of section 607. Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts the follow | ring amendme |
| If amending name, enter the new na | ame of the corporation: | | |
| | | | The _new |
| me must be distinguishable and contain w.," or Co.," or the designation "C hartered," "professional association," | Sorp, " "Inc, " or "Co" | "company," or "incorporated" or the abbrevia A professional corporation name must cont ." | ition "Corp.," tain the word |
| Enter new principal office address, incipal office address <u>MUST BE A S</u> | <u>if applicable:</u> TREET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if appl | icable: | WIGS AND HAIR EXTENSIONS OF S. | ARASOTA, |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1617 S. TUTTLE AVE, SUITE 2A | |
| | | SARASOTA, FL 34239 | |
| If amending the registered agent at | nd/or registered office ad | ldress in Florida, enter the name of the | ~_~ |
| new registered agent and/or the ne | w registered office addre | <u> </u> | |
| Name of New Registered Agent TRICIA A SPENCER | | | |
| | 5363 SARAPOINTE DRIVE | | د٠. دن |
| | (Florida : | street address) | -~- |
| | EADACOTA | 171 pagi da 34232 | ? ==1 |
| V . B. dam. 17) Con Allegre | SARASOTA | . FIORIGA | . ~ |
| New Registered Office Address: | SARASOTA | , Florida 34232 (City) (Z | بن بن بنا اون p Code) |

Check if applicable

 \blacksquare The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | <u>PT</u> | John Doc | |
|-------------------------------|--------------------------|------------------|--------------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | PVST | NANCY OLEVSON | 2412 STICKNEY POINT ROAD |
| Add | | | SARASOTA, FL 34231 |
| X Remove | | | |
| 2) Change | PS | TRICIA A SPENCER | 5363 SARAPOINTE DRIVE |
| X Add | | | SARASOTA, FL 34232 |
| Remove | VT | TED DUNN | 4710 STONE RIDGE TRAIL |
| X Add | | | SARASOTA, FL 34232 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| mending or adding additi ach <i>additional sheets, if neo</i> | cessary). (Be specific | j. | | | |
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| If an amendment proyides f | or an exchange, reclas: | sification, or cancel | lation of issued sha | ares, | |
| provisions for implementin | g the amendment if no | it contained in the a | mendment itself: | | |
| (if not applicable, indica | ne N/A) | | | | |
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| The date of each amendment(s) adopt | lion: | , if other than the |
|--|--|---------------------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment fi | le date) |
| Note: If the date inserted in this block document's effective date on the Depart | t does not meet the applicable statutory filing requ | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted action was not required. | d by the incorporators, or board of directors without | shareholder action and shareholder |
| ■ The amendment(s) was/were adopted by the shareholders was/were suffic | d by the shareholders. The number of votes cast for ient for approval. | the amendment(s) |
| ☐ The amendment(s) was/were approvemust be separately provided for each | red by the shareholders through voting groups. The sh voting group entitled to vote separately on the am | following statement endment(s): |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| selected, b appointed | etor, president of other officer – if directors or officer by an incorporator – if in the hands of a receiver, trus fiduciary by that fiduciary) [H.LIAM T. DUNN (Typed or printed name of person signing) | rs have not been stee, or other court |
| N/L | - | |
| VI | CE- PRESIDENT | |

(Title of person signing)