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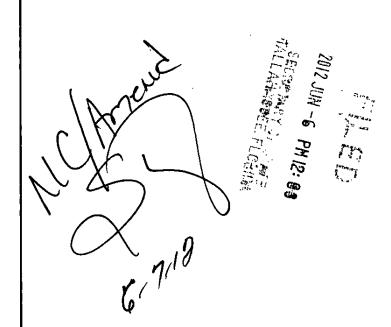
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: D' TANGLE	ED SALON & SF	PA, INC
	_{ввек:} P1200004462	21 %	
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	STACI L TATARI	S	
		Name of Contact Person	· .
	OAE MALL DING	Firm/ Company	
	945 MALL RING		
	SEBRING, FL 33	· Address	,
		City/ State and Zip Cod	e
For further informati	E-mail address: (to be us	embarg sed for future annual report se call:	mail. Com notification)
STACI L TA	TARIS	at (863	273-0460
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	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)
Ar Di P.	ailing Address nendment Section vision of Corporations D. Box 6327	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D' TANGLED SALON & SPA, IN	C			۳	i 1
(Name of Corporation as currently fil	led with the F	lorida Dept. of State)	2.5	1	PLANCE EN
P12000044621				€ `	
(Document Number of	Corporation (if	fknown)		PH 12:	A series and
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this i	Florida Profit Corporation adopts	the following	• •	ent(s) to
A. If amending name, enter the new name of the co D' TANGLED SALON, INC	rporation:			_The new	v
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "(Co". A professional corporation			
B. Enter new principal office address, if applicable:		945 MALL RING R	OAD		
(Principal office address MUST BE A STREET ADD		SEBRING, FL 3387	70	•	
				-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		945 MALL RING R	OAD	-	
•	_	SEBRING, FL 3387	70		
				-	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new			<u>the</u>		
Name of New Registered Agent STACI	L TATAR	RIS			
	ALL RING	ROAD			
	(Florida stre				
New Registered Office Address: SEBRIN	٧G	, Florida 338	370	_	
	(City)	(2	Zip Code)	-	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			he position		
X . A	\mathscr{L} In	Han and accept the obligations of the	ne position.		
Signature of Ne	w Registered A	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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	VP	CHARLENE A NIKOLAKAKIS	1722 PINEDALE TERRACE LAKE PLACID, FL 33852
2) Change Add Remove	VP	DANNY T TATARIS	4559 MYRTLE BEACH DRIVE SEBRING, FL 33872
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
N/A		
· · · · · · · · · · · · · · · · · · ·		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	shares. lf:	
N/A		
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: 05/31/2012
Effective date if applicable:	5/31/2012
Ziretuve date <u>ir appireasie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved 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 car	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	
_{Dated} 05/31	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	STACI L TATARIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)