

Sep. 11. 2014 14:44AM

9/10/2014

No. 0436 P.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P12000103231

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BERNSTEIN OSBER-BRAUN, PL
Account Number : I20110000030
Phone : (305)895-0300
Fax Number : (305)895-0300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: qwen@visaattorneys.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
STATION COIFURE USA, INC.

Certificate of Status	0
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Amend
@ 9/12/14

Sep. 11. 2014 11:45AM

No. 0436

FILED STATE
PROF. REG. DIVISION
14 SEP 11 AM 9:39

Fax Audit No. H14000212419 3

Articles of Amendment
to
Articles of Incorporation
of

STATION COIFURE USA, INC.

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

P12000103231

(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)**

6909 Biscayne Blvd
Miami, FL 33138

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

6909 Biscayne Blvd
Miami, FL 33138

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 Gauthier Paolini

(Florida street address)

New Registered Office Address: 6909 Biscayne Blvd., Miami, Florida 33138
(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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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 9/11/14

Signature [Handwritten Signature]

(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)

Gauthier Paolini

(Typed or printed name of person signing)

President

(Title of person signing)