P13000015586

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C. CARROTINESS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Salon Suites of Argyle, Inc. DOCUMENT NUMBER: P13000015586 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yette Dennard Name of Contact Person Salon Suites of Arayle Inc. Firm/ Contact							
Firm/Company 7855 Argyle Forest Blvd. Suite 902 Address Jacksonville FL 32244 City/ State and Zip Code Lisadennard Ol @gmail. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call: Lisa Dennard at (904) 382-5662							
Name of Contact Person at (904) 382-5662 Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building							

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MARCHED

14 APR -1 PM 2:51 with the Florida Dept. of State) P 130000 15586 (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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Argyle Forest Blvd. Suik 902
(Florida street address) New Registered Office Address: _Tacksonville 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 Rygistered 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: X_Change	PT John	<u>Doe</u>					
X Remove	<u>V</u> <u>Mike Jones</u>						
X Add	SV Sally	SV Sally Smith					
Type of Action (Check One)	Title	<u>Name</u> .	<u>Addres</u> s				
Change Add Remove	<u>P</u>	Wendy Manasco	8308 Cross Timbers Dr E Jacksonville, FL 32244				
2) Change Add Remove	<u>P</u>	Yvette Dennard	1800 Blanding Blvd.#32 Jacksonville, FL 32210				
Change Add Remove	<u>VP</u>	Joseph G. Manasco	8308 Cross Timbers Dr E Jacksonville, FL 32244				
4) Change Add Remove							
5) Change Add Remove							
6) Change Add Remove							

E. <u>If amending or ad</u> (Attach <i>additional s</i>	ding additional Articsheets, if necessary).	cles, enter change (Be specific)	(s) here:		
N/A					
NYA					
					
-					
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-			<u>. </u>		•
		•			
F. If an amendment	provides for an exch	ange, reclassificat	tion, or cancell	ation of issued sl	hares,
(if not applic	nplementing the ame cable, indicate N/A)	<u>nament 11 not con</u>	tained in the a	<u>menament itsen:</u>	
NIA					
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The date of each amendment(s) adoption: $2-12-14$ date this document was signed.	, if other than the
2-12-14	
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 2-12-14	
Signature Wendy Manasco	
(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)	
Wendy Manasco (Typed or printed name of person signing)	_
President (Title of person signing)	
(Title of person signing)	

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SECRETARY OF STATE