## P1300012785

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DT SALON INC.	<del>-</del> · · · ·	
DOCUMENT NUMI	P13000022785		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	DEREK LE		
		Name of Contact Person	n
	RIVER CITY NAILS & DA	Y SPA	
		Firm/ Company	
	13271 CITY STATION DR	D105	
	<del></del>	Address	
	JACKSONVILLE, FL 32218	3	
		City/ State and Zip Cod	e
TINE	I5000@YAHOO.COM		
	<del>-</del>	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (at	3021683
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
	r the following amount made		•
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DT SALON INC.				
(Name of Co	rporation as currently	iled with the Florida Dept	. of State)	
P13000022785				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this <i>FI</i>	orida Profit Corporation ac	lopts the follov	ving amendment(s) to
A. If amending name, enter the new name o	f the corporation:			
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Carp," "Inc," or "Co	". A professional corpore		
, -		~/ /A		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		<u>/v / //</u>		
				<del>.</del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				
D. If amending the registered agent and/or in new registered agent and/or the new regi		s in Florida, enter the nan	ne of the	_ <del>.</del>
Name of New Registered Agent	N/A			<del></del>
	(Florida street	address)		
	(			
New Registered Office Address:	(C	ity)	, Florida /2	ip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered to	ing Registered Agent: agent. I am familiar wit	h and accept the obligation.	s of the position	n.
			AUG Z	
	Signature of New Reg	istered Agent, if changing	EE. 11.02	<del>,</del>
			=== · · · · · · · · · · · · · · · · · ·	л

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>	John Doc	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	V	TINH THI NGUYEN	13271 city station dr STE D105
X Add			JACKSONVILLE, FL 32218
Remove			
2) Change	V	ТНАМН РНАМ	<del></del>
Add			
X Remove			
3) Change		_	<u> </u>
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			<del> </del>
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
<del></del>	
	_
<del></del>	
Name	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
$\sim$	

•	8/16/17	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
·	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/16/17 Dated_		
Signature	Dench	
(By a 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 sinted fiduciary by that fiduciary)	
	DEREK LE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	