P13000050583

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NICOLE D. BONNER, INC.			
DOCUMENT NUME	BER: P1300005058	3	
	of Amendment and fee are su		
Please return all correspondence concerning this matter to the following:			
	NICOLE D KATH	CART	
		Name of Contact Person	1
	COSMETOLOGY		
Firm/ Company 1902 SE REDWING CIRCLE			
		Address	
	PORT ST. LUCIE	FL 34952	
		City/ State and Zip Cod	e
ND	BCOLE@AOL.CO)M	
140		ed for future annual report	notification)
,			
For further information	n concerning this matter, pleas	e call:	
NICOLE D KATHCART at 772		361-9069	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
Ame	ling Address endment Section	Amend	Address ment Section
	sion of Corporations Box 6327		n of Corporations Building
	ahassee, FL 32314		executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

NICOLE D. BONNER, INC.

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

P13000050583	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	The, new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered." "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A -3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
NICOLE D KATI	HCART
1902 SE REDW	ING CIRCLE
(Florida strong New Registered Office Address:	E . Florida 34952
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered Agent.	with and accept the obligations of the position.

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	John Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSDT	NICOLE D. BONNER	1902 SE REDWING CIRCLE
Add			PORT ST. LUCIE , FL 34952
X Remove			
2) Change	PSDT	NICOLE D KATHCART	1902 SE REDWING CIRCLE
X Add			PORT ST. LUCIE, FL 34952
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. <u>11 an</u> Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
N/A	
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	.
	
. If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

The date of each amendment(s) adoption: 6/26/2013		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voling group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 6/25/2	013	
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
<u>.</u>	NICOLE D KATHCART	
	(Typed or printed name of person signing)	
-	PRESIDENT	
	(Title of person signing)	