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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE HAIR BA	R UPSCALE STYLIN	NG STUDIO, INC.			
DOCUMENT NUMBER: P13000056872						
	of Amendment and fee are su					
		_				
Please return all corres	spondence concerning this mat	tter to the following:				
ETHELBERT NWANEGBO						
		Name of Contact Person				
	POWERHOUSE ANC	HOR MANAGEMEN	T CONSULTING, INC			
		Firm/ Company				
	<u>4811 BEACH E</u>	BLVD, SUITE	107			
	14.01/0.010/0.11	Address				
	JACKSONVILL					
		City/ State and Zip Code	e			
ET	HEL@PHANCI					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ETHELBER	RT NWANEGBO	at (265-0765			
Name of Contact Person Area Code & Daytime Telephone Num						
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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

14 FEB 13 PM 2: 33

THE HAIR BAR UPSCALE STYLING STUDIO, INCORP. STATE

(Name of Corporation as currently filed with the Florida Dept. of State) JALLAHASSEE, FLORIDA
P13000056872
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: ABLISS UPSCALE STYLING STUDIO, INC. 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)
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
(Florida street address)
New Registered Office Address:, Florida
(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
Signature of New Registerea 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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change		_			
Add Remove					
2) Change Add	**	_		-	
Remove				•	
3) Change		_	-		
Add Remove					
4) Change					
Add		_			
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					

Attach aa	lditional she	ig additional A ets, if necessary). (Be specij	fic)	<u>-</u> -		
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<u>provisio</u>	ns for imple	ovides for an exementing the an	<u>nendment if n</u>	ssification, or lot contained	r cancellation of in the amenda	of issued share nent itself:	<u>s,</u>
		·					
							
					<u> </u>	 	
		 					

	FILED
The date of each amendment(s) adoption:	if other than the
date this document was signed.	14 FEB 13 PM 2: 33
Effective date if applicable:	SECRETARY OF STATE
Effective date if applicable: (no more than 90 days after amendment file date)	TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following 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 sha action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated 02-08-2014	
Signature Signature	
(By a director, president or other officer – if directors or officers have no	t been
selected, by an incorporator - if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
CYNTHIA MEADOWS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	