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SECRETARY OF STAIL

APPROVED AND FILED

C. LEWIS

OCT 1 8 2013

EXAMINER

AND FILED 13 OCT 11 PM 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JENNIFER	HAIR SALON INC		
DOCUMENT NUMBER: P13000073796			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ISIS ISABEL Name of Contact Person			
Hal Tax Firm/Company			
1860 N PINE ISLAND RD, SUITE 109			
PUANTATION, FL 33322 City/State and Zip Code			
1 S I S T A X @ A O L . CO M E-mail address: (to be used for future annual report notification)			
For further information concerning this matter	at (94) 476 7100 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
□ \$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status		
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF CORRECTION

For

SECRETARY OF STATE
Name of Corporation as currently filed with the Florida Dept of State

ARTICLES OF CORRECTION

13 0C7 | PH | 2:57

	P/360073796 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Connected name Her Prosident Type Being Corrected)			
	Specify the inaccuracy, incorrect statement, or defect:		
	the name the Prosident is incomed		
X	Incomed name = Guzum Pernonch		
/	CONNECTED NAME = PETRONILA DOMINGUEZ GUZMI		
	Correct the inaccuracy, incorrect statement, or defect:		
	Pamonto Doming Gover-		
	(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)		

(Typed or printed name of person signing) Glymen.

(Title of person signing)

Filing Fee: \$35.00