# P13000075319

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#### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: Kool Nailz Salons Solutions, Inc DOCUMENT NUMBER: P13000075219 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lonny Wolfe Name of Contact Person Kool Nailz Salon Solutions, Inc. Firm/ Company 6520 N Ocean Blvd, suite35 Address Ocean Ridge, Fl 33435 City/ State and Zip Code Koolnails@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lonny Wolfe Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of



## Kool Nailz Salon Solutions, Inc

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

nt(s) to

P13000075219		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation	on adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:	
•		The new
	tain the word "corporation," "company," or "inc nation "Corp," "Inc," or "Co". A professional con tion," or the abbreviation "P.A."	
B. Enter new principal office address.	if applicable:	
(Principal office address MUST BE A S	TREET ADDRESS )	
		<del></del>
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	
	<del></del>	
D. If amending the registered agent ar	nd/or registered office address in Florida, enter the	name of the
new registered agent and/or the ne	w registered office address:	<del></del>
Name of New Registered Agent	Lonny Wolfe	
	(Florida street address) 35	
New Registered Office Address:	6520 N Ocean Blvd, Suite, Flo	orida 33435
10.7.10.00.00	Ocean (City) Ridge	(Zip Code)
	_	
Nam Danistanad Amerika Simatura if a	hanning Desistant Agents	
New Registered Agent's Signature, if of I hereby accept the appointment as regis	tered agent. I am familiar with and accept the obliga	ations of the position.
	hommed of	
Si	gnature of New Registered Agent if changing	<del></del>

## 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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Jeffrey C Chaplin	3452 Collonade Drive
Add	<del></del>		Wellinton, fl, 33449
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Ar nal sheets, if necessary).				
onny Wolfe	is now 100% share	eholder of C	orporation #	P1300007521	9
<del> </del>					
					····
				·	<u></u> .
	• • · · · · · · · · · · · · · · · · · ·				
. <u>If an amendr</u>	nent provides for an exc	change, reclass	ification, or can	cellation of issued	shares.
provisions fo (if not ap	or implementing the amplicable, indicate N/A)	<u>iendment if no</u>	t contained in th	e amendment itse	<u>lf:</u>
			<u> , – </u>	<del></del>	
<u>-</u>					
					<u> </u>
<del></del>					
					<del></del>

date this document was signed.	option: April 9, 2			
Effective date <u>if applicable</u> :	(no mo	re than 90 days after amendn	nent file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ON</u>	<u>ve</u> )		
The amendment(s) was/were adopty the shareholders was/were sufficiently.			st for the amendment	(s)
The amendment(s) was/were approvided for				ieni
"The number of votes cast	or the amendment(s)	was/were sufficient for appr	oval	
by				
·	(voting group	p)		
The amendment(s) was/were ado action was not required.  The amendment(s) was/were ado action was not required.				101
Dated April 9, 2	014			
i	banke	- ole 1		
Signature A		other officer - if directors or		
(By a di selected		– if in the hands of a receive fiduciary)		ui t
(By a di selected appoint	l, by an incorporator		***	
(By a di selected appoint	l, by an incorporator ed fiduciary by that f Lonny Wolfe		w.,	——————————————————————————————————————
(By a di selected appoint	l, by an incorporator ed fiduciary by that f Lonny Wolfe	fiduciary)	w.,	14 APR 9ECRET