P13000089079

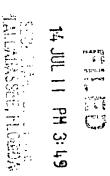
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JUL 2.5 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

SKINUTRA INC. NAME OF CORPORATION: P13000089079 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Parneaude
Name of Contact Person SKINUTRA
Firm/Company S136 West Clifton St Suite 216
Address TAMPA FLorida 33634
City/State and Zip Code Scotte Skinuisa. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Patneaude at (813) 179 - 8842

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	THE PROPERTY OF THE PROPERTY O
P1300080	PTOI		The state of the s
(Document Nu	imber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation	a adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	- ·	
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.	n "Corp," "Inc," or "C	Co". A professional corp	rporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new res	gistered office address:		
Name of New Registered Agent	•••	YATTRALIDE	
	5136 West C	diffen ST.	Suize 216
New Registered Office Address:	TAMPA (City)	, Flor	ida <u>33434</u> (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered Signature.			ions 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 Do	<u>oc</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	one <u>s</u>	
_X Add	SV Sally Si	<u>nith</u>	
Type of Action (Check One) 1) Change Add Remove	Title	Richard B Nelson IL	Address 16506 Amberial LN Luiz, FL. 335T8
2) Change	<u> </u>	Juseph Pervan	14105 Winslow Place TAMPA, Fl. 33624
Remove 3) Change Add Remove	<u>S</u>	Richard B Nolan II	16506 Ambarwindle. Lr.2, FL. 33558
4) Change Add Remove	P	J.ha S. PATNEAUde	- 7027 JAMESTOWN MANOR Dr. Riverview, FL. 33578
5) Change Add Remove	<u>S</u>	John S. PA. Deaude	DO27 JAMESTOWN MARGE Dr. Rivorieu, FL. 33578
6) Change Add Remove			

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amendment provides for an excha- visions for implementing the amend		
(if not applicable, indicate N/A)		
		
	/	
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	7/8/14	
Enterire date in apprenie.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were addaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	7/8/14	
Signature	UTT	
(By a d	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Tha Scit Parneaule (Typed or printed name of person signing)	
	(Title of person signing)	_
X	7/8	1/14
	(Hanne Server) Date	_