P14000007433

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	•
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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	HAIR & NAIL, INC
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
•	Ramis cell Name of Contact Person
TD HAIR	VAIL IVC Firm/Company
17860 SE 10	9th Ave Suite 611, 612
Summerfield	FL 34491 City/ State and Zip Code
	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Ana Ramiscal	at (352) 430 7751 Area Code & 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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section 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

TO HAIR & NAIL INC	
	filed with the Florida Dept. of State)
P 140000 7433 (Document Number of	Corporation (if 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:	
Same Name — TD HAIR Ename must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "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>)	17860 S.F. 109th Ave Suite 611-612
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Summerfield FL 34491 (Same address)
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered of fice address:	
Name of New Registered Agent Ana	Ramiscal
1706 Hoofplin	t ct, Fruitland Park,
	City) . Florida 31 31 (City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Ro	egistered Agent, if changing Ava Ramus cal

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
(1) Change	P/D	DAD, TUYEN	17860 S.E. 109th Ave
Add	,		Switz 611-612
Remove			Summe/Geld, FL 34491
2)Change	P/D	RAMISCAL, ANA	17860 S.E. 109th Ave.
Add	•	,	Suite 611-612
Remove	1	/	Summerfield FL 34491
3) Change	P/D	DAO, TUYEN	17860 S.E. 109th. Ave
Add			Sinte 61-612
Remove			Summerfield FL 3449
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N .
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
<u> </u>
V
\

The date of each amendment(s) adoption:date this document was signed.	MA-/ 1,2016	, if other than the
Effective date if applicable:		
Effective date it applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this day's State's records.	te will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s approval.	
	he shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	**	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
\sqrt{Dated} $5 - 2$	lo - 2016	
	10-	
selected, by an inc	ridght or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other courry by that fiduciary)	- t
./	DAN TUVEA	
	(Typed or printed name of person signing)	
<u> </u>	P/D Previous Owner of (Title of person signing)	TD HAIR & M