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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER .

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SALON ZELLANOVA INC						
DOCUMENT NUMBER: P14000008280						
The enclosed Articles of Amendment and fee are submitted	ed for filing.					
Please return all correspondence concerning this matter to t	he following:					
JUDITH C SUDDETH						
	me of Contact Person					
SALON ZELLANOVA INC						
Firm/ Company						
1690 US 1 SOUTH SUITE B						
	Address					
ST AUGUSTINE, FL 32084						
City/ State and Zip Code						
E-mail address: (to be	used for future annual report notific	cation)				
For further information concerning this matter, please call:						
JUDITH C SUDDETH	at (904) 501-7425					
Name of Contact Person	_ `	me 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 & Certificate of Status	X \$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	Street Addre	SS				

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



May 17, 2016

JUDITH C. SUDDETH 1690 US 1 SOUTH, STE B ST AUGUSTINE, FL 32084

SUBJECT: SALON ZELLANOVA INC

Ref. Number: P14000008280

We have received your document for SALON ZELLANOVA INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 216A00010405

Articles of Amendment to Articles of Incorporation

SALON ZELLANOVA INC	
(Name of Corporation as currently filed wi	th the Florida Dept. of State)
P14000008280	
(Document Number of Corpora	ation (if known))
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> amendment(s) to its Articles of Incorporation:	Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro word "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation of the sign of the s
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7-33 (27)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- 69
	30
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address 	
Name of New Registered Asset	
Name of New Registered Agent:	
(Florida	
(Fioria	a street address)
New Registered Office Address:	, Florida
(C	ity) (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

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.

Ex	ampl	e:				
		Change	PI	<u>John</u>	Doe	
	<u>x</u>	Remove	Υ	<u>Mike</u>	Jones	
	<u>x</u>	Add	<u>sv</u>	Sally	Smith	
	oe of / neck (<u>Action</u> One)	<u>Title</u>		Name	Address
1)		Change	D	_	NANCY S REPP	430 WOODED CROSSING CIRCLE
	<u>_x</u> _	Add				ST AUGUSTINE, FL 32084
		Remove				
2)		Change		-		
		Add				
		Remove				
3)		Change				
٠,		Add		•		
	_	Remove				
4)		Change		-		
		Add				
		Remove				
5)		Change		-		
		Add				
		Remove				
6)		Change				
		Add		•		
		Remove				

SALON ZELLANOVA INC			ATX
E. If amending or adding additional Articles (Attach additional sheets, if necessary). (Be	. enter change(s) here:		
(Attauri additional streets, il Hacessary). (De	specino)		
PLEASE ADD FEDERAL ID NUMBER	90-0885012		
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F. If an amendment provides for an exchange	e. reclassification, or car	ncellation of issued shares.	
provisions for implementing the amendm (if not applicable, indicate N/A)	ent if not contained in th	e amendment itself:	
(и посаррисавіе, іпаісасе м/А)			
			
	<u></u>		

	SALÓN ZELLÁNOVA INC		A
	date of each amendment(s) adoption		if
	r than the date this document was signe		
i Effo	ctive date <u>if applicable</u> :	5/13/2016	
Effective date <u>il applicable</u> .		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does be document's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.	
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
		ed by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
	by	,n	
	-	(voting group)	
X	The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
	The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
	Dated	1115/2010	
	Signature	udita (Suddeth)	
		ector, president or other officer – if directors or officers have not been	
		, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointe	ed fiduciary by that fiduciary)	
	ILIDI	THE CHORETH	
	<u> 3001</u>	TH C SUDDETH (Typed or printed name of person signing)	
		, , , , , , , , , , , , , , , , , , , ,	
	VICE	: PRESIDENT (Title of person signing)	
		(Title of berson signing)	

ATX1