## P14000008280

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#	)
PICK-UP	<b>WAIT</b>	MAIL .
(Bu	isiness Entity Name)	)
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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C. GOLDEN
AUG 2 4 2017

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: SALON ZELLANOVA INC
DOCUMENT NUMBER: P14000008280
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
NANCY S. REPP
Name 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 notification)
For further information concerning this matter, please call:
NANCY S. REPP at (904) 819-0130
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:
X \$35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address  Amendment Section  Amendment Section  Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of

FILED

2017 AUS 22 PM 4: 35

SALON ZELLANOVA INC			
(Name of Corpora	ation as currently filed with	the Florida Dept. of S	tate): TAL 17 HA SOCE, FLORID:
B14000002200		3	
P14000008280 (Do	cument Number of Corporation	on (if known))	<u> </u>
,,,,		··· (,,	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		rida Profit Corporatio	on adopts the following
A. If amending name, enter the new name	ne of the corporation:		
			The new
name must be distinguishable and contain t "Corp" "Inc" or Co.," or the designation " word "chartered," "professional association,	Corp." "Inc," or "Co". A profe		
B. Enter new principal office address, if			
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)		
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of			
D. If amending the registered agent and new registered agent and/or the new	<del>-</del>	ss in Florida, enter the	name of the
Name of New Registered Agent:	NANCY S. REPP		
	430 WOODED CROSSING	S CIRCLE street address)	
	(r ionaa	30,000 000,000)	
New Registered Office Address:	ST AUGUSTINE, FL 32084	1	_ , Florida <u>32084</u>
	(City	1)	(Zip Code)
New Registered Agent's Signature, if cha			
I hereby accept the appointment as register	red agent. I am familiar with a	and accept the obligation	ns of the position.
	Mancir J.	KIDA	
	Signature of New Registered	Agent / I 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	PΙ	John Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	Р	ROBERT F. SUDDETH	112 14TH STREET
Add			ST AUGUSTINE, FL 32080
X Remove			
2) Change	VP	JUDITH C. SUDDETH	112 14TH STREET
Add			ST AUGUSTINE, FL 32084
X Remove			
3) X Change	P	NANCY S. REPP	430 WOODED CROSSING CIRCLE
Add			ST AUGUSTINE, FL 32084
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			·
6) Change			
6) Change Add			

	SALON ZELLANOVA INC	ATX
Ε.	If amending or adding additional Articles, enter change(s) here:	
	(Attach additional sheets, if necessary). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
_	·	
		-
_		
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)	

SALON ZELLANOVA INC	
The date of each amendment(s) adoption:	8/14/2017
other than the date this document was signed.	
Effective date if applicable:	8/14/2017
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no as the document's effective date on the Depart	t meet the applicable statutory filing requirements, this date will not be listed tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
X The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
ру	,"
	(voting group)
The amendment(s) was/were adopted b action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted b action was not required.	by the incorporators without shareholder action and shareholder
Dated	8/14/17
Signature (Ry a direc	Manua S. Reportion of the officer – if directors of officers have not been
	by an incorporator – in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
NANCY	(S. REPP
<del></del>	(Typed or printed name of person signing)
PRESI	
	(Title of person signing)

ATX1