# P14000014802

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SLORETARY OF STATE
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### COVER-LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

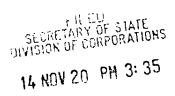
Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: MARIO STEFAN, P.A.					
DOCUMENT NUMBER: P14000014	802				
The enclosed Articles of Amendment and fee are su	abmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
DANIEL LENG	SHEA, ESQ				
	Name of Contact Perso	n			
DANIEL LENG					
Firm/ Company					
13899 BISCAY		ЛТЕ 415			
NORTH MIAM	Address I BEACH, FL	33181			
	City/ State and Zip Cod	e			
daniel@lenghea.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	se call:				
Daniel Lenghea, Esq	<sub>at (</sub> 954	,608-0312			
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:					
■ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	□\$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 Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

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



## MARIO STEFAN, PA

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

P14000014802

dment(s) to

(Document Number	er of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Fi	orida Profit Corpor	ation adopts the fol	lowing amendme
A. If amending name, enter the new name of the	he corporation:			
REINA HAIR TRANSPLANT IN			CORP.	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation, Corp," "Inc," or "Co	" "company," or " o". A professional	incorporated" or	The new the abbreviation must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E POV)			
(mutting uturess MAT BE A FOST OFFICE	: BUA)			···
				<del></del>
				<del></del>
D. <u>If amending the registered agent and/or reg</u> new registered agent and/or the new registered		s in Florida, enter t	the name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Registered Office Address:		.J	Florida	
	(City)	,	(Zip Coa	le)
New Registered Agent's Signature, if changing	Docietanad Amanta			
I hereby accept the appointment as registered age		h and accept the obl	igations of the posi	tion.
	-	-		

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.

Frample	, ana sai	ly Smiin, SV as an Ada.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		· · · · · · · · · · · · · · · · · · ·	
2) Change			
Add			
3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		·	
6) Change			
Add			
Remove			

<mark>amending or addir</mark> tach <i>additional she</i>	ets, if necessary).	(Be specific	)		
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in amendment pro	ovides for an excl	hange, reclass	ification, or car	cellation of iss	ued shares,
ovisions for imple (if not applicable	ementing the ame	endment if not	contained in the	he amendment	<u>itself:</u>
()	-,,				
				<del></del>	<del></del>
					<del></del>

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The date of each amendment(s) adoption:	SECRETARY DIVISION OF C	'OF STATE DRPORATIONS , if other than th
date this document was signed.	14 NOV 20	<del></del>
Effective date if applicable:		
(no more than 90 d	ays after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	imber of votes east for the amend	lment(s)
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vote		
"The number of votes cast for the amendment(s) was/were st	ufficient for approval	
by	,"	
(voting group)		
The amendment(s) was/were adopted by the board of directors will action was not required.	thout shareholder action and sha	reholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareho	lder
Dated 11/17/2014		
Signature  (By a director, president or other officer selected, by an incorporator – if in the ham appointed fiduciary by that fiduciary)		
MARIO STEFAN		
(Typed or prin	ted name of person signing)	

**PRESIDENT** 

(Title of person signing)