## P1400033195

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And

AUG 07 2014

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	D4400002240	Salon of Naple:	s, Inc.
DOCUMENT NUMBI	ER: 1 1 1 1 0 0 0 0 0 1 0		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
<u>1</u>	Marc F. Oates, E	sq.	
		Name of Contact Person	3
<u> </u>	Marc F. Oates, P	.A.	·
		Firm/ Company	
	5515 Bryson Driv	e, Suite 502	
_		Address	
[ 	Naples, FL 34109		
		City/ State and Zip Code	e
mar	c@marcoateslav	v.com	
<del>1/- 12-11-11/- 11/</del>		sed for future annual report	notification)
	concerning this matter, pleas		500 4400
Marc F. Oates, Esq.		at (239	_ <u>) 598-1136</u>
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## **Articles of Amendment** , to Articles of Incorporation

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14 JUL 21 (1. 2: 30

Blue Water Salon of Naples, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000033195

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corporate N/A	<u>ion:</u> 
	poration," "company," or "incorporated" or the abbreviation," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent N/A	uoress:
	orida street address)
	orida street address), Florida (City) (Zip Code)

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.

X Change PT	John Doe	John Doe			
$\underline{X}$ Remove $\underline{V}$	Mike Jon	Mike Jones			
X Add SV	Sally Sm	Sally Smith			
Type of Action (Check One)	tle	Name	<u>Addres</u> s		
1) Change	VTSD	Saretta Bowerman	1575 Pine Ridge Rd.		
Add			Suite 2		
Remove			Naples, Florida 34109		
2) Change	VP <u>S</u>	Michael Bowerman	1575 Pine Ridge Rd.		
Add			Suite 2		
Remove			Naples, Florida 34109		
3) Change					
Add					
Remove					
4) Change		· · · · · · · · · · · · · · · · · · ·			
Add					
Remove					
5) Change					
Add	•				
Remove					
6) Change					
Add			***************************************		
Remove					

• If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
<del></del>	
***************************************	
W. William Co.	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
J/A	
	4-1, 4-1, 4-1, 4-1, 4-1, 4-1, 4-1, 4-1,
	Perfection of the Control of the Con

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_July 17,72	014	
Signature	Soula Power-a	
selected,	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 if fiduciary by that fiduciary)	<del></del>
S	Saretta Bowerman	
	(Typed or printed name of person signing)	_
It	s President	
_	(Title of person signing)	