P14000037192

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1, Lewis

COVER LETTER

TO: Amendment Section

Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Division of Corporations
NAME OF CORPORATION: <u>Electrolysis</u> , <u>Laser & Beauty</u> Institute DOCUMENT NUMBER: <u>P14000037192</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dulce Canaveral Name of Contact Person Electrolysis, Laser & Beauty Institute Corp Firm/Company 1713 Foxbower Rd Address Orlando FL 32825 City/ State and Zip Code bellas 32817 @ acl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dulce Canaveral at (407) 325-4257 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 Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Flectrolysis, Laser & Bea	uty Institute Corp.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P140000 3719Z	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
VIP Solon + Med 3	Pa Inc. The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	company," or "incorporated" or the abbreviation ". 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:	DCT ON CT
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	3 3
	T: I RATI
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
	1/4
Name of New Registered Agent	/5//1
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Registered Age	ent if changing
DIGITALIA CON TION TO CONTROL CON TICK	**************************************

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:	, ana sai	iy Smith, SY us an Auu.	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		-	
Add		1	
Remove		NA	
2) Change		/ / / / /	
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change	-	-t	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attacti daditional sneets, ij nece	ssary). (Be specifi	hange(s) here: c)		
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If an amendment provides for provisions for implementing to (if not applicable, indicate	he amendment if n	sification, or cancellated to the amount of contained in the amount of t	tion of issued share endment itself:	<u>s,</u>
		4//		
		NA		
		-		

SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) ad	ONVISION OF CORFORMATION	, if other than the
date this document was signed.	14 OCT 30 PM 1: 46	
Effective date if applicable:		·
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	•
by	"	
,	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated <u>/ ð /</u>	124/2014	
Signature	Hy Ours	
	rector, president or other officer if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
арроппо	co riducially by that reductary)	
-	Duce Canaveral (Typed or printed name of person signing)	
	President	
_	(Title of person signing)	 :