

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : DERHY FINANCIAL SERVICES LLC

Account Number: I20090000059 Phone : (786)380-3472 Fax Number : (786)320-6879

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Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN W SALON AND SPA INC

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11/5/2014

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: W Salon A DOCUMENT NUMBER: P14000052		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Dvir Derhy		
Derhy Financia		·•
99 NW 183rd S	Firm/Company St #138	
Miami, Fl 3316	Address 9	
dvir@bellsouth.ne E-mail address: (to be use For further information concerning this matter, please	sed for future annual report	
Dvir Derhy		380-3472
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Pee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle 15888, FL 32301

Articles of Amendment to Articles of Incorporation of

序(1220) 炒NOV-6 AM 9:50

	STORE HEALT SESSIE
(Name of Corporation as currently 214000052591	v filed with the Florida Dept. of State) LUMEASSING FLUMDA.
(Document Number	of Corporation (if known)
remant to the provisions of section 607.1006, Flore Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amend
If amending name, enter the new name of the	e corporation:
<u> </u>	The n
me must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or the	word "corporation," "company," or "incorporated" or the abbreviationp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicate vincipal office address MUST BE A STREET AL	DDRESS)

Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE I	BOX)
,	
If amending the registered agent and/or regis	stered office address in Florida, enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registere	stered office address in Florida, enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	od office address:
new registered agent and/or the new registere	od office address:
new registered agent and/or the new registere	od office address:

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	PI	John Doe	
X Remove	¥	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Richard Minster	2910 SW 30th Ave
Add			Bay #2
Remove			Pembroke Pines, FI 33009
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		,	
5) Change			
Add			
Remove			
. П.,			
6) Change			
Add			
Remove			

ttach additional s	ding additional Arti theets, if necessary).	(Be specific)	ge(s) here:		
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<u>rovisions for imp</u>	provides for an exchi plemeating the amer ble, indicate N/A)	ance, reclassific adment if not co	ation, or cancells stained in the an	tion of issued she rendment itself:	TC5.
···					

The date of each amendment(s) as	deption: 11/03/2014	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	rpted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/03/20	014	
Signature Shlor	ni Asayag	
(By a di selected	irector, 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 red fiduciary by that fiduciary)	
	Shlomi Asayag	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	