P14000054666

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Sole' Salon Suites	Inc.		
	1BER: P14000054666			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	John Iandoli			
		Name of Contact P	erson	
	Sole' Salon Suites Inc.			
		Firm/ Company	,	
	4531 DeLeon St Suite 203			
	Address			
	Fort Myers, Florida 33907			
		City/ State and Zip	Code	
iian	doli@hotmail.com			
	E-mail address: (to be us	ed for future annual re-	port notification)	
	E-man address, (to be de	sea for fatare aiman re	port normeation)	
For further informati	on concerning this matter, pleas	se call:		
John Iandoli		239 at (9405872	
Name of Contact Person			Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida l	Department of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address			reet Address	
	nendment Section vision of Corporations	Amendment Section Division of Corporations		
	D. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Sole Salon Suites Inc.		(:
(Name of Corporat	ion as currently filed with the Florida Dept. of State)	(, ⁷
P1000054666		^
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floricits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the c	orporation:	
Studio 45 Salon Inc.	Th	ie new
	rd "corporation," "company," or "incorporated" or the abbre o," "Inc," or "Co". A professional corporation name must cont	eviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City) (Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.	
	nature 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	.		·
Add			
Remove			
2) Change			
Add			
Remove			
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)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	

. •	11/27/2017	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	1/27/2017	
Elicente date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	r
11/27/2 Dated Signature	I and tall.	
syle	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
<u> </u>	John Iandoli	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	