# P14000082484

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
·				





700265521857

700265521857 10/20/14--01028--013 \*\*35.00

SECRETARY OF STATE
OF CORE OR ATTOMOTION

14 OCT 20 Mail: 42

Amend Name 10 11/3/14

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TOUCH OF STYLE HAIR SALON INC					
DOCUMENT NUMBER: P14000082684					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
NIRVANDO BATISTA					
Name of Contact Person					
TAX CONTROLLER INC					
Firm/ Company					
750 E SAMPLE RD BLDG 3 BAY 5					
Address					
POMPANO BEACH FL 33064					
City/ State and Zip Code					
JR@TAXCONTROLLER.COM					
E-mail address: (to be used for future annual report notification)					
•					
For further information concerning this matter, please call:					
NIRVANDO BATISTA 4,954 301 1848					

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### TOUCH OF STYLE HAIR SALON INC

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

P14000082684

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	nation "Corp," "Inc," or "(	i," "company," or "incorporated" or the Co". A professional corporation name mus P.A."
Enter new principal office address.	, if applicable:	900 CRESTWOOD CT SOUTH
rincipal office address <u>MUST BE AS</u>		ROYAL PALM BEACH FL 3341
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		900 CRESTWOOD CT SOUTH
	<u>orrica don</u> ,	ROYAL PALM BEACH FL 3341
If amending the registered agent a	nd/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the ne	ew registered office address:	ess in Florida, enter the name of the
	ew registered office address:	·
new registered agent and/or the ne	ELITON L MELO  900 CRESTWOO  (Florida streep)	D CT SOUTH

## 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	ty Smith, SV as an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add Remove			
2) Change Add			
Remove			
3) Change		<del>-</del>	
Add Remove			
4) Change		<u> </u>	
Add		r	
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

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	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option: 10/1//2014	, if other than the
Effective date if applicable:		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendment(s) ficient 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	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopaction 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	
<sub>Dated</sub> 10/17/20	14	
Signature	attinon alo	
selected	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)	
I	ELITON L MELO	
-	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
-	(Title of person signing)	_