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### **COVER LETTER**

TO: Amendment Section Division of Corporations

- F		
NAME OF CORPORATION: EMILY C DOCUMENT NUMBER: P14000101		RINC
DOCUMENT NUMBER: 1 1 1000101	100	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
EMILY CARR	OLL .	
EMILY CARR	Name of Contact Person OLL HAIR INC	
1125 CRYSTA	Firm/ Company	
DELRAY BEA	Address ACH FL 33444	
	City/ State and Zip Cod	e
EMILYCARROLL	=	· ·
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
EMILY CARROLL	at (954	857-6489
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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 Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

# **Articles of Amendment Articles of Incorporation**

### **EMILY CARROLL HAIR INC**

## P14000101165

		1.
	Amendment	16/7 Ch
Articles of I	ncorporation 32.	
EMILY CARROLL HAIR INC	of (	May 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P14000101165		· · ·
(Document Number of Corporation	(if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following	ing amendment(s) to
•		
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat	ion," "company," or "incorporated" or the	The new abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation		t contain the
. ,	7401 NORTH FEDERAL HWY	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS  )	SUITE 125	<del></del>
	BOCA RATON, FL 33487	<del></del>
C. Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		_
		_
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
	<u> </u>	
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
(Cit		
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position	•
Signature of New Registered	d Agent, if changing	

Page 1 of 4

# 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			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add		<u></u>			
Remove					
5) Change					
Add	<del></del>	_			
Remove					
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and itself:

The date of each amendment(s) addate this document was signed.	doption: DECEIVIBER 23. 2014	, if other than the
<del>-</del>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	122/14	`
Signature	ant sex 2/	
(B) a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	EMILY CARROLL	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_