

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002177573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: HISPANUSA INC

Account Number : 120070000099

Phone

; (954)478-2706

Fax Number

: (954)934-0334

Enter the email address for this business entity to be used for future R. Will Fannual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIGUEL ANGEL STYLISTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

Division of Corporations					
NAME OF CORPORATION	MIGUEL AN	GEL STYLISTS INC			
DOCUMENT NUMBER:	P1500001385	1			
The enclosed Articles of Amen	dment and fee are st	ubmitted for filing.			
Please return all correspondence	e concerning this ma	atter to the following:			
		MIGUEL A ALMAGRO)		
	Name of Contact Person				
		VP			
	Firm/ Company				
	10710 WILES RD				
	Address				
	CORAL SPRINGS FL 33076				
		City/ State and Zip Cod	e		
		irfo@hispanusainc.com	n		
E-m	ail address: (to be u	sed for future annual report	notification)		
For further information concern	ing this matter, pleas	se cali:			
MIGUEL A. ALMAGRO		at () 825-1164 de & Daytime Telephone Number		
Name of Contac	t Person	Ajea Co	de & Daytime Telephone Number		
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	arrinent of State;		
	3.75 Filing Fee & extificate of Status	□\$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			Address linent Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
	:	Tallahassee, FL 32301			

P. 003

17 AUG 18 AM 9: 02

Articles of Amendment



Artic	cles of Incorporation
мцС	UEL ANGEL STYLISTS INC
(Name of Corporation as	s currently filed with the Florida Dept. of State)
	P15000013851
(Document I	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	nutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	The new
name must be distinguishable and contain the word "co" ("Corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	ffice address in Florida, enter the name of the eaddress:
	Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature	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 = Chairmon or Cierk; 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	<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	
l) Change	P	MIGUEL A. ALMAGRO	10710 WILES RD	
Add			CORAL SPRINGS FL 33076	
X Remove				
2) Change	P	ELIZABETH TOBAR	12185 ROYAL PALM BLVD	
X Add			CORAL SPRINGS FL 33065	
Remove				
3) Change	VP	MIGUEL A. ALMAGRO	12185 ROYAL PALM BLVD	
X Add			CORAL SPRINGS FL 33065	
Remove				
4) Change				
Add			·	
Remove				
5) Change		<u> </u>		
Add			 	
Remove				
6) Change				
A dd				
Remove				

	(Be specific)
	~
·	
	
	
	
·	· · · · · · · · · · · · · · · · · · ·
— — —	
f an amendment provides for an exchi provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

	08/16/2017	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
08	/16/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the sharcholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
AUGU Dated Signature	ST 16, 7017	
	director, president or other officer - if directors or officers have not been	n .
	ted, by an incorporator - if in the hands of a receiver, trustee, or other co	
	inted fiduciary by that fiduciary)	
	MIGUEL A. ALMAGRO	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	