# P150000038425

1
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



900274846269

07/10/15--01012--018 \*\*35.00



A RANSEY

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SALON 5:17, INC.				
DOCUMENT NUMBER: P15000028425				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DEVRY E DEWAN CPA				
Name of Contact Person				
Firm/ Company				
7006 ATLANTIC BLVD				
Address				
JACKSONVILLE, FL. 32211				
City/ State and Zip Code				
DEWANW2@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CAMILLE GUINAN at (				
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 Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

#### **Mailing Address**

Amendment Section
Division of Corporations
P.O. Box 6327

### **Street Address**

Amendment Section
Division of Corporations
Clifton Building

## Articles of Amendment Articles of Incorporation JUL 10 PM 18 01

SALON 5:17, IN	С.
----------------	----

SALON 5.17, INC.		MASSELITE
(Name of C	Corporation as currently filed with the	
P15000028425		, , , , , , , , , , , , , , , , , , , ,
	(Document Number of Corporation (in	f known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit</i> (	Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association B. Enter new principal office address, if a (Principal office address MUST BE A STRI	on "Corp," "Inc," or "Co". A profess n," or the abbreviation "P.A." pplicable:	or "incorporated" or the abl
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> )		
D. If amending the registered agent and/or new registered agent and/or the new re		enter the name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	•
New Registered Office Address:		, Florida
	(City)	(Zip Co

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed 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 Clei Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first lett 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	, and Sal	ly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P VP	LISA D'AMICO TO LISA PHELPS	
Add			MARRIED NAME
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) (1)			
5) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adop	7/1/2015		
date this document was signed.	, , , , , , , , , , , , , , , , , , ,		
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.			
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.		
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for	the amendment(s) was/were sufficient for approval		
by			
	(voting group)		
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder		
7/1/2015			
Dated			
Signature	Lisa PHelps		
(By a dire selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)		
Ll	SA PHELPS		
	(Typed or printed name of person signing)		
Pf	RES.		
_	(Title of person signing)		