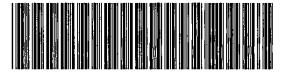
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DIVISION OF CORPORATION

JAN 25 2016 C MCNAIR

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Margate Nail Academy Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rafael A Rivera Name of Contact Person Ale Nails Inc Firm/ Company 2501 N St Rd 7 Address Margate, Fl 33063 City/ State and Zip Code rafaelr@rdjconstruction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 650-0110

Area Code & Daytime Telephone Number Rafael A Rivera Name of Contact Person 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 Certificate of Status Certified Copy (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

16 JAN 2 CONTRACTOR OF THE STATE OF THE STAT

Margate Nail Academy inc

| (Name of Corporation | on as currently filed with the Florida Dept. of State) |
|---|--|
| P15000100722 | (A) |
| (Docum | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: |
| Styles Academy of Beauty Inc | The new |
| | I "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable | |
| (Principal office address <u>MUST BE A STREET ADD</u> | RESS) |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | |
| | |
| | |
| D. If amending the registered agent and/or register | ed 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) |
| | |
| Nam Daristand Assault Signature if showing Daris | ************************************** |
| New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | |
| | |
| Sign | ature 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> | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| |). (Be specific) |
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| f an amendment provides for an ex | change, reclassification, or cancellation of issued shares. |
| f an amendment provides for an exprovisions for implementing the an | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |
| f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A) | schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself: |
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| | 01/15/2016 | |
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| The date of each amendment(s) | adoption: | , if other than the |
| late this document was signed. | /s = 1= 0 a < | |
| Offective date <u>if applicable:</u> | /15/2016 | |
| meetive date <u>if applicable</u> . | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this department of State's records. | late will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment sufficient for approval. | (s) |
| | pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s): | nent |
| | st for the amendment(s) was/were sufficient for approval | |
| bv | (voting group) | |
| -, | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and sharehold | ler |
| 01/15/20 Dated | 16 | |
| Signature | | |
| sele | a director, president or other officer—if directors or officers have not been sted, by an incorporator—if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary) | |
| | Rafael A Rivera | |
| | (Typed or printed name of person signing) | |
| | Secretary | |
| | (Title of person signing) | |