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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TALLAHASSEE TO THE



JUN 1 5 2016 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	ation: <u>X-Clustve</u> er: <u>P16000110</u> 48	Halir Extensions (Corp	-		
	of Amendment and fee are su	ibmitted for filing.		-		
	-	_				
riease return an corres	pondence concerning this ma	ther to the following:				
-	Chauncey	MCNair Name of Contact Person	n			
-	X-Clusive Hair	Extensions Corp Firm/Company		- Ac		
	10050 Havec	ord Rd Sufte#1		ECR	ۍ پ	ნ .
-	TODOS TANCELL	Address			Z	
-	Jacksonville	FL 32218 City/ State and Zip Cod		1938 1938 1938	JUN 14 PH 4: 51	
		City/ State and Zip Cod	e	33		1
	E-mail address: (to be us	vehancests@gmanl. sed for future annual report	notification)		: 50	
For further information	concerning this matter, please	se call:				
		at ()			
Name o	f Contact Person	Area Co	ode & Daytime Telephone Nu	ımber		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)			
	ing Address		Address			
	ndment Section sion of Corporations		Iment Section of Corporations			
	Box 6327		on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Cushing, Diane

From:

Cushing, Diane

Sent:

Wednesday, April 20, 2016 12:01 PM

To:

'xclusivehairexts@gmail.com'

Subject:

X-Clusive Hair Extensions Corp

Attachments:

SKMBT_50116042011400.pdf

The amendment that was filed in our office on April 11th was missing the signature on the last page of the document. Please sign it and either fax it back to me or email it back to me. Thanks.

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6897 (Fax)
Diane.Cushing@dos.MyFlorida.com

Blob Gack to General



May 19, 2016

CHAUNCEY MCNAIR X-CLUSIVE HAIR EXTENSIONS CORP 10650 HAVERFORD RD., SUITE #1 JACKSONVILLE, FL 32218

SUBJECT: X-CLUSIVE HAIR EXTENSIONS CORP

Ref. Number: P16000011048

We have received your document for X-CLUSIVE HAIR EXTENSIONS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On April 20th I sent you can email advising that we had filed your amendment without the proper signature on it. I have not received a response from you so the amendment has been removed. Once you sign the application and return it to me I will re-add it back to our database.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 216A00010611

Articles of Amendment Articles of Incorporation of

X-Clusive Hair Extensions Corp		
(Name of Corporation as currently filed	with the Florida Dept. of State)	
P16000011048		
(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> ts Articles of Incorporation:	'a Profit Corporation adopts the following amo	endment(s)
A. If amending name, enter the new name of the corporation:		
	The	new
name must be distinguishable and contain the word "corporation," "c		
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".	A professional corporation name must conta	
word "chartered," "professional association," or the abbreviation "P.A."	AS A	
D. Enter new windows of smalleships	5 <u></u>	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		• §
	92 -	
		F **(*)
·		
C. Enter new mailing address, if applicable:	1 0 1/4: 5	
(Mailing address MAY BE A POST OFFICE BOX)	्रांस ०	
		.
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent	,	
Name of New Registered Agent		
(Florida street add	(ress)	
New Registered Office Address:	. Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations s, the position.	
	. 3	
	:	
	!	
Signature of New Registe	red Agent if changing	
Signature of New Registe	rea Agent, ij 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	YP Sims, Armaund J	217 South 13th St
AddRemove	· ·	Fernandina Bch, FL 32034
2) Change	P Chauncey McNair	West Jakenshad Trip
Remove		
3) Change	· · · · · · · · · · · · · · · · · · ·	
Add		
4) Change		
Add		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	y). (Be specific)
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f an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:
provisions for implementing the a	mendment if not contained in the amendment itself:
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provisions for implementing the ar	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:

r Ne	11 / 1/2	
The date of each amendr date this document was sig	nent(s) adoption: 4-(0-)0	, if other than the
Effective date <u>if applicab</u>	le: 4-6-16	
Enecuve date <u>ii applicad</u>	le: 4-6-16 (no more than 90 days after amendm	ent file date)
	(10 110)	
	in this block does not meet the applicable statutory filing on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
	/were adopted by the shareholders. The number of votes cas s/were sufficient for approval.	t for the amendment(s)
	were approved by the shareholders through voting groups. vided for each voting group entitled to vote separately on the	
"The number of v	otes cast for the amendment(s) was/were sufficient for appro	val
by		·"
	(voting group)	
The amendment(s) was action was not required	were adopted by the board of directors without shareholder	action and shareholder
☐ The amendment(s) was action was not required	were adopted by the incorporators without shareholder actio	n and shareholder
Dated		
Signatur	e	
1	(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
	Chauncey McNa97 (Typed or printed hame of person signif	ng)
	Registered Agent ((Title of person signing)	President)

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