

(Requestor's Name)
(Address)
(radiess)
(Address)
(City/State/Zip/Phone #)
(Only) States Zips Holle Hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



200300532412

06/20/17--01007--008 **35.00

JUN 28 2017

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: Sugar Palm Spray Tan Co Inc DOCUMENT NUMBER: P16000012422 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa Weinberg Name of Contact Person Sugar Palm Spray Tan Co Inc. Firm/ Company 1957 Newhaven Avenue Address Wellington, FL 33414 City/ State and Zip Code melissaw9@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 801-4569

Area Code & Daytime Telephone Number Mehssa Weinberg Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, F1, 32314

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Sugar Palm Spray Tan Co Inc	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P16000012422	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	n:
Sugar Palm Beauty Inc	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co. " or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbrevia	ration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the Idress:
Name of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·	rida stroet address)
Note to the LOW Alberta	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	uiliar with and accept the obligations of the position.
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 = 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			

Attach additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
				
				
				
				
				
		11 4.1		
If an amendment provides for an exc provisions for implementing the am	hange, reclassification,	or cancellation of t	ssued shares, tritealf:	
(if not applicable, indicate N/A)	entiment it not containe	am me	<u> </u>	
(y not offmat it; material)				
<u>_</u>				
			_ _	
		<u> </u>		
	,			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(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.	ate will not be listed as the
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 east for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were a mast be separately provided f	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ient
"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 action was not required.	dopted by the board of directors without shareholder action and sharehold	dei
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
June 15. Dated	2017	
Signature ${\cal G}$	neus Wes	
(By : selec	director, president or other officer—if directors or officers have not been red, by an incorporator—if in the hands of a receiver, trustee, or other cot inted fiduciary by that fiduciary)	
	Melissa Weinberg	
	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	