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COVER LETTER

TO: Amendment Section Division of Corporations			
	HAIR DESIGN STUDIO INC		
DOCUMENT NUMBER: P16000	00 788 40		
The enclosed Articles of Correction and fee	e are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
WILLIAM A CAR	<u> </u>		
SPECTRE HAIR DESI	GNSTUDIO INC 58933 P. 33.2225		
345 TARRASA DR			
JACKSONVILLE FL City/State and Zib Code	32225 g		
E-mail address: (to be used for further annual rep	ort notification)		
For further information concerning this mat	tter, please call:		
HOLLY CARILLON Name of Contact Person	at (904) 813 9730 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	nt:		
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
\$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
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 CORRECTION

For

(20 5 M) 11 M) 2 7 5 6 1 (7	3
SPRECTRE HAIR DESIGN STON Name of Corporation as currently filed with the Florida Dept.	بر <u>۱۲۱۰ ۲۸۷۰</u> of State
P 16 0000 788 40 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida hese Articles of Correction within 30 days of the file date of the doc	Statutes, this corporation files cument being corrected.
These articles of correction correct PROFIT ARTICLE (Document Type Bo	OF INC.,
filed with the Department of State on 9-26-16 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
MISSOURED 1ST Name IN F	BUSINESS TITLE
"SPRECTRE"	
, , , , , , , , , , , , , , , , , , , ,	
	
Correct the inaccuracy, incorrect statement, or defect:	
CHANGE TO "SPECTRE	и
·····	
(Signature of a director, president or other officer - if directors or on the selected, by an incorporator - if in the hands of the receivance of the court appointed fiduciary, by that fiduciary.)	
HOWY CARILLON (Typed or printed name of person signing)	GECT. (Title of person signing)

Filing Fee: \$35.00