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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PERFECT 10 NAI	IL & TEECHNOLOGY SC	THOOL, INC.
DOCUMENT NUM	BER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	DENISE CROSS		
	•	Name of Contact Perso	n
	PERFECT 10 NAIL & TECH	HNOLOGY SCHOOL, INC	2.
		Firm/ Company	2000 200
	6722 ARLINGTON EXPRE		
		Address	
	JACKSONVILLE, FLORID	A 32211	
	,	City/ State and Zip Cod	e
regist	er@perfect10nailschool.com		
	·	sed for future annual report	notification)
	·	'	,
For further information	n concerning this matter, plea	se call:	
DENISE CROSS		904 ar (800-6779 EXT 241
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PERFECT 10 NAIL & TECHNOLOGY SCHOOL, INC.

(<u>Name</u>)	of Corporation as curren	(tly filed with the Florida Dept. of State)	
P17000037972			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
		The new	
	iation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A"	
B. Enter new principal office address,	if applicable:	6722 ARLINGTON EXPRESSWAY	
(Principal office address <u>MUST BE A S</u>		SUITE 67241	
		JACKSONVILLE, FLORIDA 32211	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6722 ARLINGTON EXPRESSWAY	
		SUITE 67241	
		JACKSONVILLE, FLORIDA 32211	
D. If amending the registered agent ar new registered agent and/or the new		dress in Florida, enter the name of the ss:	
Name of New Registered Agent	Name of New Registered Agent AHAYA VENTURE GROUP, LLC.		
	6722 ARLINGTON EXI	PRESSWAY E E	
	(Florida street address)		
New Registered Office Address:	JACKSONVILLE 3224 F. Florida 60 F. Florida 6		
		(City) (City)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
	,		
BY: 188	HER WASH		
1. 33.49		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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	CEO	RACHQUEL L HUGHES	2942 JUSTINA ROAD	
Add			JACKOSNVILLE, FL 32277	
X Remove				
2) Change	DIR	DENISE CROSS	6722 ARLINGTON EXPY	
XAdd			JACKSONVILLE, FL 32211	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			2019 HAY	
5) Change			HASAY -	
Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)		
<u></u> .			
	·		
		<u> </u>	
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,		
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	<u> </u>	2019
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The date of each amendment(s) adoption: 4/3c/19, if other than the 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 be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by" (voting group)
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature TEMBER 25
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DENISE CROSS
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

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