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F. INFITTE

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

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NAME OF CORPORA	TION: FLORIDA BEAUT	Y OUTLET, CORP.	
DOCUMENT NUMBE	CR:		
The enclosed Articles of	**Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
\	ANDA INES FORESTI		
_		Name of Contact Person	
-		<u> </u>	·-
	402 51 00 4 1/1056 100	Firm/ Company	
- -	422 FLORA VISTA DR.	<del></del>	
_	NN AND OF 22027	Address	
<del>-</del>	ORLANDO FL 32837		
		City/ State and Zip Code	2
SONIA	@GSTOLLEY.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	عالوه م	
rot futuret information	concerning this matter, pieas	c can.	
VANDA FORESTI		at ( 407	928-6899
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

17.7

FLORIDA BEAUTY OUTLET, CORP (Name of Corporation as currently filed with the Florida Dept. of State) P17000039321 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: \_. Florida\_ (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar 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:

 $P = President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Doc	
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>	<u>Addres</u> s
1) Change	1,	ELKHATIB, RIAD	4422 FLORA VISTA DR
Add			ORLANDO, FL 32837
X Remove			
2) Change	PT	FORESTI, VANDA I	4422 FLORA VISTA DR
X Add			ORLANDO, FL 32837
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	ding or adding additional Ar additional sheets, if necessary).	(Be specific)	<u>-</u> . —		
/A					
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. If an an	nendment provides for an ex	change, reclassificatio	n, or cancellation of is	sued shares,	
provisi	ions for implementing the an	<u>nendment if not contai</u>	ned in the amendmen	t itself:	
	not applicable, indicate N/A)				
∛A					
	<u> </u>				•
	<del></del>				

	07/13/2017	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	;)
	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	rnt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
07/13/201	7	
Dated	<del></del>	
1	landa frant	
Signature	firector, president or other officer – if directors or officers have not been	
· · · · · · · · · · · · · · · · · · ·	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour	<b>1</b>
	nted fiduciary by that fiduciary)	
	VANDA I FORESTI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	