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-17-061-30-AMHI-46-

FM 01 2017

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE VIP SALON	, INC.			
DOCUMENT NUMB	ER:				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	NIKOLETA BARR				
-		Name of Contact Person	n		
-		Firm/ Company			
	19623 BACK NINE DRIVE				
-	Address BOCA RATON FL 33498				
-		City/ State and Zip Cod	e		
NIKO	LETABARR@GMAIL.CO!				
<del></del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
NIKOLETA BARR		646 at (	241-4272		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depo	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, FL 32314		Amend Divisio Clifton	Address  Iment Section  on of Corporations  Building  Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment**

## FILED

Articles of Incorporation 17 OCT 30 AH 11: 46

of

THE VIP SALON, INC.

SECRETARY OF STATE
TARLAHASSOF FEORIDA

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P17000048501	l I
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation;	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20665 LYONS ROAD, SUITE A2
Principal office address <u>MUST BE A STREET ADDRESS</u> )	BOCA RATON, FL 33434
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 address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
tFlorida si	reet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Za) ( (ae)
iew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	
Signature of New .	Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted	ind/or D  if necess vector title President Chief F r, Directo in the for	irector b ary) c by the f : T= Tree Financial or would i llowing n orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; Th Officer. If an officer/director holds m be PTD, aanner. Currently John Doe is listed as on, Sally Smith is named the V and S. Th	R= Trustee; C = Chairman or Clerk; Coore than one title, list the first letter of the PST and Mike Jones is listed as the nese should be noted as John Doe, PT as	EO = Chief each office V. There is
X Change	<u>PT</u>	John Do	<u>0e</u>		1
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Sr	<u>mith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	1
1) Change		_		<del></del>	<del> </del>
Add					<u> </u>
Remove					<u> </u> 
2) Change	<del></del>	_		<del></del>	<u> </u>
Add					
Remove					<u>i</u>
3 ) Change		_			<u> </u>
Add					<u> </u>
Remove				<del> </del>	1
4) Change					
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Add					
Remove					_

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<del></del>		

The date of each amendment(s) adoption:	if other than the
date this document was signed.	i i
9/1/2017 Effective date <u>if applicable</u> :	1
(no more than 90) days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 cast 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	l L
(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)	
(Typed or printed name of person signing)	
(1) speed of printed name of person signing)	1
(Title of person signing)	
(Title of person signing)	Ì