

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ALL ONE BEAUTY CARE INC.**

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17 DEC 21 PM 3:09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALL ONE BEAUTY CARE INC.

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12/21/2017 10:19:52 AM PAGE

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Fax Server



December 21, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALL ONE BEAUTY CARE INC.  
4350 NW 107TH AVE  
107  
DORAL, FL 33178

SUBJECT: ALL ONE BEAUTY CARE INC.  
REF: P17000067631

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Period after (INC) in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H17000333697  
Letter Number: 317A00025794

RECEIVED  
17 DEC 21 PM 3:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**ALL ONE BEAUTY CARE INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P17000067631**

(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:**

*The new 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."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**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 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:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered Agent, if changing*

Page 2 of 4

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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The date of each amendment(s) adoption: 12/20/2017 if other than the date this document was signed.

Effective date (if applicable): \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 12/20/2017

Signature \_\_\_\_\_

(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)

ALI OSMAN AKAT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)