## P17000083621

(Requestor's Name)	
(Address)	400327228174
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	04/09/1901001015 **52.50
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: C.A.S BEAUTY FITNESS NUTRITION INC. P17000083621 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shawa Whit Firm/ Company Shawawhitmore @ amail-com
E-mail address: (to be used for future)annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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 Amendment

to

## Articles of Incorporation

Λſ

C.A.S BEAUTY FITNESS NO	4 TRI TIONED IN 64 1:37
(Name of Corporation as currently t	filed with the Florida Dept. of State)
P17000083621	UTON. TALLE
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
C.A.S BEAUTYBAR INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
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 addres	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/F	A
NI	A
New Registered Office Address: (Florida street	n address), FloridaA
New Registered Agent's Signature, if changing Registered Agent:	Δiy) (Zip Code)
I hereby accept the appointment as registered agent. I am familiar wit.	th and accept the obligations of the position.
N/A	
Signature of New Reg	gistered 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<u> </u>	N/A
Add			<del></del>
Remove			
2) Change		N/A	N/A
Add			
Remove		,	
3) Change		N/A	N/A
Add			<del></del>
Remove			
4) Change	<del></del>	N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			<del></del>
Remove			
δ) Change		NA	N/A
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	<u>e(s) here</u> :		
Amending C.A.S BEAUTY	FITNESS	NUTRITION	INC.
to C.A.S BEAUTYBAR INC.	_		
F. If an amendment provides for an exchange, reclassifica	ition, or cancellation	n of issued shares,	
provisions for implementing the amendment if not con  (if not applicable, indicate N/A)	ntained in the amen	dment itself:	
			- "

The date of each amendment(s) adoption:	, if other than
Effective date if applicable:  OA 04 19  (no more than 90 days after amendment file date)	<del></del>
(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 w 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 cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 04 19	
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)	
Sharra Willitman	
(Typed or printed name of person signing)	<del></del>
CEO	
(Title of person signing)	

the

the