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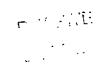
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2018

GREGORY HAWTHORNE 1255 EAST MAIN ST BARTOW, FL 33830

SUBJECT: TRUE BEAUTY ZONE INC

Ref. Number: P18000008715

We have received your document for TRUE BEAUTY ZONE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer/director must sign authorizing the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 818A00015755

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: TRUE BEAUTY 2	ZONE INC		
	1BER: P18000008715	· · · · · · · · · · · · · · · · · · ·		
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	GREGORY HAWTHORNE	SR		
		Name of Contact Person	1	
		Firm/ Company		
	PO BOX 308			
		Address		
	WINTER HAVEN, FL 3388	1		
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
	·	•		
For further informati	on concerning this matter, pleas	se call:		
GREGORY HAWTHORNE		at (863	242-9006	
Name	e 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:	
□ \$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)	
	ailing Address		Address	
	nendment Section	•	Iment Section	
	vision of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

(Name of Corporation as currently fil P18000008715 (Document Number of Co	ed with the Florida Dept. of State 45
P18000008715	
(Document Number of Co	SECRETE STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HAWTHORNE BEAUTY ZONE, INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the
	963 SOUTH LAKE SHORE WAY
THE STATE OF THE PROPERTY ADDRESS A	LAKE ALFRED, FL 33850
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 308
•	DUNDEE, FL 33838
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
	address)
Name of New Registered Agent (Florida street of New Registered Office Address:	address)

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.

Example: X Change	PT	John Doe	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Charac			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	ary). (Be specific,)		
				
		-		
				
-				
<u> </u>	<u> </u>			
	<u> </u>			<u>.</u>
···-				
<u>-</u>				
		<u>ification, or cancel</u>	ation of issued sha	ares,
an amendment provides for an	exchange, reclass			
provisions for implementing the	amendment if not	t contained in the a	menument usen.	
f an amendment provides for an provisions for implementing the (if not applicable, indicate No	amendment if not	t contained in the a	menument usen.	
provisions for implementing the	amendment if not	t contained in the a	menunggy usen.	
provisions for implementing the	amendment if not	t contained in the a		
provisions for implementing the	amendment if not	t contained in the a	menunga risen.	
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provisions for implementing the	amendment if not	t contained in the a	menunga risen.	
provisions for implementing the	amendment if not	t contained in the a	menunient itself.	
provisions for implementing the	amendment if not	t contained in the a	menument reserr.	
provisions for implementing the	amendment if not	t contained in the a	menunient itsell.	
provisions for implementing the	amendment if not	t contained in the a	menument reserr.	
provisions for implementing the	amendment if not	t contained in the a	menunient itsell.	
f an amendment provides for an provisions for implementing the (if not applicable, indicate N	amendment if not	t contained in the a	menument reserr.	

The date of each amendment(s) addate this document was signed.	ption:, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no mixe than >> days egist amonament, ne date)
Note: If the date inserted in this b document's effective date on the De	ack does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	,""
,	(voting group)
	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	ted by the incorporators without shareholder action and shareholder
07/31/2018 Dated Signature	ctor, president of other afficer if directors or officers have not been
selected	by an incorporator / if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	REGORY HAWTHORNE SR
	(Typed or printed name of person signing)
	⁷ P
•	(Title of person signing)