P19000003009

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MASSAGE AND	SPA LAKAY INC						
DOCUMENT NUMB	P19000003009							
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all corres	pondence concerning this ma	tter to the following:						
	NICOLE JOUBERT							
•		Name of Contact Perso	n					
	MASSAGE AND SPA LAKAY INC							
		Firm/ Company						
	2635 N ANDREWS AVE							
		Address						
	WILTON MANORS, FL 33:	311						
		City/ State and Zip Cod	e					
GABI	DURAND@AOL.COM							
	- -	sed for future annual report	notification)					
For further information	concerning this matter, pleas		534-1224					
	f Contact Person	at () 534-1224 de & Daytime Telephone Number					
			•					
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtinent of State.					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Ame Divis P.O.	ing Address Indiment Section Issued of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MASSAGE AND SPA LAKAY INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000003009 (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." 2647 N ANDREWS AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WILTON MANORS, FL 33311 C. Enter new mailing address, if applicable: 2647 N ANDREWS AVE (Mailing address MAY BE A POST OFFICE BOX) WILTON MANORS, FL 33311 D. Hamending 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) _. Florida__ New Registered Office Address: 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

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	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>uith</u>			
Type of Action (Check One)	Title		Name	Address		
1) Change		-				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		-				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
		_				
Add						
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Artiach additional sneets, if necessary).	(in specific)
	
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If an amandment provider 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)	

	JANUARY 17, 2019	
		, if other than the
date this document was signed		
Effective date if applicable:	JANUARY 17, 2019	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
JANU Dated	UARY 17, 2019	
·/www		
Signature		
Signature	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	NICOLE JOUBERT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	