

P19000020804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

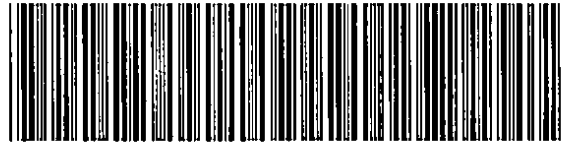
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Free Amendment due  
to name being taken  
and filed in error

Office Use Only



700324621067

2019 MAR 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LEGALINC CORPORATE SERVICES INC.  
10601 CLARENCE DR., SUITE 250  
FRISCO, TX 75033  
818-967-1467  
NANCY@LEGALINC.COM

Date: March 19, 2019

To: Amendment Section  
ATTN: Kyle Brumbley  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2019 MAR 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**RE: HAIR BY MARCIA, INC.**

Please file the enclosed amendment, the state filed 2 corporations with the same name and we are filing an amendment to change the name. Per Kyle the state fee will be waived.

Please contact me at the number listed above with any questions.

**Please send all copies of filed documents back to:**

LEGALINC CORPORATE SERVICES INC.  
10601 CLARENCE DR., SUITE 250  
FRISCO, TX 75033

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HAIR BY MARCIA, INC.

DOCUMENT NUMBER: P19000020804

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY LUNA  
Name of Contact Person  
LEGALINC CORPORATE SERVICES INC.  
Firm/ Company  
10601 CLARENCE DR., SUITE 250  
Address  
FRISCO, TX 75033  
City/ State and Zip Code

FILINGS@LEGALINC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY LUNA at ( 818 ) 967-1467  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
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  
of

HAIR BY MARCIA INC

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

P19000020804

(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:**

HAIR BY MARCIA D, INC

*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 will not be listed as the 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)

☐ 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 3/15/19

\*Signature Marcia Di Pierno

(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)

MARCIA DI PIERNO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDNET

\_\_\_\_\_  
(Title of person signing)