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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	ION: SALON	I EXPRESS	SPA INC.	
OCUMENT NUMBER	1: P210000	16699		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.		
lease return all correspor	ndence concerning this ma	tter to the following:		
		KEITH MAR	Tiv	
		Name of Comact Leison	1	
	KAIN PR	OFESSIONAL .	SERVICES CORPORD TION PARK BIND #193	
	6240 h	KST DAK AND	PARK RIVD #193	
		Address		
	LA	UDERHILL FE	33319	
		City/ State and Zip Cod	e	
_	NADINE MI E-mail address: (to be us	3NYOV96 P G1 sed for future annual report	notification)	
or further information ec	oncerning this matter, pleas	se call:		
KETTH	MARJIN	at (<i>95</i> 4	de & Daytime Telephone Number	
Name of C	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing	Address	Street	Address	
Amendment Section			Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The C	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

SALON EXP	RESS SPA MC.	APR 14 AM
	filed with the Florida Dept. of State)	1/1/1
1210000166	99	··
(Document Number of C		
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F_{ij} its Articles of Incorporation:	lorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
$\sim 1/A$		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbre professional corporation name must c	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4504 N. UNIVERSI, LAUDER 4,11, FZ	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS PRINCI	19A-1
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
New Registered Office Address: 4504 N. UNIVER		3335/ (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the posi	ition.
Signature of New Res	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PST	NADINE MANYOU	4236 NW 12 7 STREET
Add			LAUDERHII/ FE 33313
Remove			
2) Change	PSI	ALTHER MAINYOU	,
X Add			CAUDERNIII FE 33351
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Parava			

		(Be specific)				
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					<u> </u>	
		anne reclassifi	cation, or cancel	ation of issued s	hares,	
f an amendment prov	ides for an excl	IAILEC, ICCIASSIII				
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<u>provisions for implem</u>	enting the ame	endment if not c	ontained in the a	mendment_itself		

The date of each amendment(s) ad	ption: $04/01/2021$, if other that	in the
date this document was signed.	1/0 /000	
Effective date if applicable:	(no more than 90 days after amendment file datc)	
	(no more than 90 Aays after amendment file date)	
Note: If the date inserted in this bloocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed artiment of State's records.	as the
Adoption of Amendment(s)	(CHECK ONE)	
LET The amendment(s) was/were adoption was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop by the shareholders was/were suf	red by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
Dated		
selected	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
-	ALTHER INANYOU (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	
- -	(Title of person signing)	