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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PUTTIN' ON THE	TIPS NAIL SCHOOL, IN	C.
DOCUMENT NUMBE			· · · · · · · · · · · · · · · · · · ·
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	Sary C. Simons		
_		Name of Contact Person	1
S	avage, Krim & Simons		
-		F: / C	
1	21 NW 3rd Street	Firm/ Company	
_	21 IVW SIG SUCCE		
		Address	
C	Ocala, FL 34475		
		City/ State and Zip Code	=
gsimon	s@savagekrim.com		
		sed for future annual report	notification)
			,
For further information-	concerning this matter, pleas	se cail:	
Gary C. Simons		at (352	732-8944
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	the following amount made j	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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations Box 6327 assee, 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

PUTTIN' ON THE TIPS NAIL SCHOOL, INC.

(Name o	of Corporation as currently	filed with the Florida Do	ept. of State)	
P94000034699				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendme	ent(s) to
A. If amending name, enter the new na	ıme of the corporation:			
			The new	,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corp		343
B. Enter new principal office address,	if applicable:		in T	3
(Principal office address MUST BE A S				1
			7136	
				23.
C. Enter new mailing address, if appli			(3)	7: 0
(Mailing address MAY BE A POST)	OFFICE BOX)			Ċ
D 16 1! 4L!-4	4/		of Ab -	
D. If amending the registered agent an new registered agent and/or the new		ss in Fiorida, enter the n	ame of the	
Name of New Registered Agent	THOMAS VILLELLA			
in the state of th	1203 SW 12TH STREET, S	SUITE 7		
	(Florida stree			
New Registered Office Address:	OCALA		Storido 34474	
<u>ivew Registerea Office Adaress:</u>	(1	City)	, Florida(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: erdd agent. I am familtar wi	th and accept the obligati	ons of the position	
- All	100000 1 1V		3.13 ty 1.10 position.	
	Signature of New Re	gistered Agent, if changin	g	

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 Doe	
X Remove	Y	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	PVTS	KELLY ROGERS	234A SW 10TH STREET
Add			OCALA, FL 34471
X Remove			
2) Change	PVTS	THOMAS VILLELLA	1203 SW 12TH STREET
X Add			SUITE 7
Remove			OCALA, FLORIDA 34474
3) Change		_	
Add			·
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional Art al sheets, if necessary).	(Be specific)			
					-
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	11	,			
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f an amendmer	nt provides for an excl	ange, reclassificat	ion, or cancellatio	on of issued shares.	ı
if not appl	implementing the ame licable, indicate N/A)	<u>ndment if not cont</u>	ained in the amen	dment itself:	
\ 					
			*		

date this document was signed.
Effective date if applicable: as of the filing of this Amendment
(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)
(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.
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)
THOMAS VILELLA
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)