## P96600004031

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
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(Durings F 17) Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Pizzazz Hair and N	lail Studio, Inc.		
DOCUMENT NUME				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Barbara A. Merrill			
	Name of Contact Person			
		Firm/ Company		
	PO Box 1958			
	D-11 - 1	Address		
	Belleview, FL 34421			
		City/ State and Zip Cod	e	
barbm	nerrill720@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Barbara A. Merrill		at ( 352	de & Daytime Telephone Number	
Name o	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301	

## Articles of Amendment Articles of Incorporation

Pizzazz Hair and Nail Studio, Inc.

(Name of Corporation as	currently filed with the Florida Dept. of State)
P96000004031	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutts Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:
	rporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	12710 SE 81st Ct
(Principal office address MUST BE A STREET ADDRES.	Summerfield, FL 34491
	28 E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1958
	Belleview, FL 34421
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent  Barbara Merrill	
12710 SE 81st Ct	
(F	lorida street address)
New Registered Office Address: Summerfield	, Florida
	(City) (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.

Barbaia a. Mersile
Signature of New Registered Agent, if changing

I am familiar with the obligations
of being the registered agent.

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 <math>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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Cynthia J Mathis	1304 Stonehedge Ct.
Add			St. Augustine, FL 32092
X Remove			
2) Change	PD	Barbara Merrill	12710 SE 81st Ct
X Add			Summerfield, FL 34491
Remove			
3)Change			•
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
provisions for implementing the amer	ange, reclassification, or cancellation of dment if not contained in the amendme	issued shares, ent itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	_, if other than the
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 redocument's effective date on the Department of State's records.	not be listed as the
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	
☐ 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  Carleaca  (By a director, president or other officer – in 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)	
Barbara Merrill	
(Typed or printed name of person signing)	
President	
(Title of person signing)	