

P97000083935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

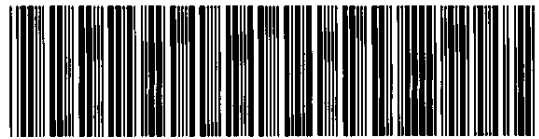
(Business Entity Name)

(Document Number)

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05/19/09--01033--022 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG -7 AM 11:38

AMENDED
CRC
8/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

OLGA E. ARISMENDI
HAIR AND BODY NEW DIMENSIONS, INC.
9488 HARDING AVE
SURFSIDE, FL 33154

SUBJECT: HAIR AND BODY NEW DIMENSIONS, INC.
Ref. Number: P97000083935

We have received your document for HAIR AND BODY NEW DIMENSIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate what you are amending in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00017810

COVER LETTER

TO: Amendment Section TINA ROBERTS
Division of Corporations

NAME OF CORPORATION: HAIR AND BODY NEW DIMENSIONS

DOCUMENT NUMBER: P 970000 83935

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

Please return all correspondence concerning this matter to the following:

RECEIVED

2009 JUL 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLGA E. ARISMENDI

Name of Contact Person

HAIR AND BODY NEW DIMENSIONS

Firm/ Company

9488 HARDING AVE

Address

SURFSIDE, FLORIDA 33154

City/ State and Zip Code

NEWHAIRANDBODY2@ELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA E. ARISMENDI

Name of Contact Person

at (305) 932-4761

Area Code & Daytime Telephone Number

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

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 AND BODY NEW DIMENSIONS, INC.

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

997000083935

(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."

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:

New Registered Office Address:

(Florida street 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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TALLAHASSEE, FLORIDA
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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	FREGORIA ELENA ARRIETA	9488 HARDING AVE. SURESIDE FLA. 33184	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____

5/14/9

Effective date if applicable: _____

5/14/9

(no more than 90 days after amendment file date)

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)

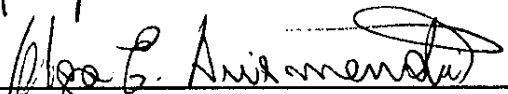
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

5/14/9

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)

OLGA E. ARISMENDI

(Typed or printed name of person signing)

PRESIDENTE

(Title of person signing)