## P14000009502

(Requ	uestor's Name)	
(Addr	ess)	
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
THE AUTOMORPHICATION OF STATE

APR 1 5 2014

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 1ST IMPRES	SIONS SERVICES	OF FLORIDA, INC.		
DOCUMENT NUMI	BER: P1400000950	2			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ERIC HOYT				
	Name of Contact Person				
	1ST IMPRESSIONS SERVICES OF FLORIDA, INC.				
		Firm/ Company			
	10305 TRIPLE C	ROWN AVE			
		Address			
	Jacksonville FL 3	2257			
		City/ State and Zip Code	2		
elth	noyt@gmail.com				
		sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
ERIC HOYT		at ( 904	, 612-3417		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	r 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		
		Tallaha	issee, FL 32301		

## **Articles of Amendment** Articles of Incorporation

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## 1ST IMPRESSIONS SERVICES OF FLORIDA, INC.

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

P14000009502		MALLANASSE	z, rlorida
(Document Numb	er of Corporation (i	if known)	_
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this	Florida Profit Corporation adopts the following	ng amendment(
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "c word "chartered," "professional association," o	Corp," "Inc," or '	"Co". A professional corporation name musi	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		10305 TRIPLE CROWN AVE	<u>.</u>
		Jacksonville FL 32257	
			_
C. Enter new mailing address, if applicable:			-
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u> )		_
		<del></del>	<del></del>
			_
D. If amending the registered agent and/or re- new registered agent and/or the new regist			
Name of New Registered Agent ERI	C HOYT		
	05 TRIPLE	CROWN AVE	
	(Florida st	reet address)	
New Registered Office Address: Jack	ksonville	Florida 32257	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			
i nereby accept the appointment as registered ag	eni. 1 am jaminar (G)	with and accept the obligations of the position	
Signature	of New Registered	Agent, if changing	

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.

Example: X 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ERIC HOYT	10305 TRIPLE CROWN A
Add	<del>, _</del>		JACKSONVILLE, FL 32257
Remove	Р	ANIFE AGUSHI	5134 LOURCEY ROAD
2) Change	<u> </u>		JACKSONVILLE, FL 32257
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) . Change . Add			
Remove			

	ticles, enter change (Be specific)			
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		tion or concellat	ion of issued sh	ares,
an amendment provides for an ex	<u>:hange, reclassificat</u>	tion, or cancenat		
rovisions for implementing the am	change, reclassificate endment if not con-	tained in the ame	endment itself:	
an amendment provides for an ex- rovisions for implementing the am (if not applicable, indicate N/A)	change, reclassificate endment if not con-	tained in the ame	endment itself:	
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rovisions for implementing the am	change, reclassification	tained in the am	endment itself:	

The date of each amendment(s) adoption: 3/24/14 date this document was signed.	, if other than th
Effective date if applicable:	
(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)	
(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 3/24/14	
Signature Anife Agusla	
(By a director president of 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)	
Anife Agushi (Typed or printed name of person signing)	
President.	
- Presionent	
(Title of person signing)	

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SECRETARILY STATE