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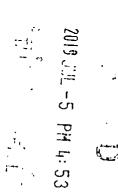
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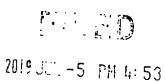
R. WHITE JUL 16 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MCCALL SERVI	CE. INC.	~ ~		
DOCUMENT NUMI	BER:				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:			
	JENNINGS B. COOKSEY I	v			
	Name of Contact Person				
	MCCALL SERVICE, INC.				
	Firm/ Company				
	2861 COLLEGE STREET				
	Address				
	JACKSONVILLE, FL 32205	5			
	_	City/ State and Zip Cod	e		
JBCO	OOKSEY@MCCALLSERVIO	CE.COM			
-	E-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas				
JENNINGS COOKSEY		at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	irtment of State:		
S35 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 ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation



MCCALL SERVICE, INC.		- 17, 7 00
(<u>Name of Corporati</u>	on as currently filed with the Flor	ida Dept. of State)
(Docum	nent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp ," "Inc.," or Co ," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A professional	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
		· ·
D. If amending the registered agent and/or registe		the name of the
new registered agent and/or the new registered	omce audress:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida (Zip Code)
	(Cîţy)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered agent.		bligations 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 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> <u>Johr</u>	<u>1 Doe</u>	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFO, D	DAVID R. COOKSEY	2861 COLLEGE STREET
Add			JACKSONVILLE, FL 32205
Remove			
2) Change	V. 35 3	JENNINGS B. COOKSEY IV	2861 COLLEGE STREET
X Add			JACKSONVILLE, FL 32205
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attaci	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
-	
-	
Han a prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	MAY 14, 2019	
The date of each amendment date this document was signed.		, if other than the
C.C. ation duty if a saling blue	JUNE 10, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this die Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment are sufficient for approval.	(s)
	e approved by the shareholders through voting groups. The following statem d for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JUNE	. 10. 2019	
Dated		
Signature		
(B) Se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator—if in the bands of a receiver, trustee, or other cou) Irt
	pointed fiduciary by that fiduciary)	
	-	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	C00	
	(Title of person signing)	