N21000001460

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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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TO: Amendment Section
Division of Corporations

• Corporations		-	
Changing Faces Inc	:. 		
N21000001460 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul			
Please return all correspondence concerning this man	tter to the following	:	
Adrienne P. Stephenson			
	(Name of Contac	Person)	
Changing Faces Inc.			
	(Firm/ Comp	any')	
165 Locke St. #C			
	(Address)	****
Tallahassee, FL 32303			
	(City/ State and Z	lip Code)	- 100 -
changingfaces.stem@gmail.com			
E-mail address: (to be use	ed for future annual	report notificat	ion)
For further information concerning this matter, pleas	e call:		
Adrienne P. Stephenson		850	322-0982
(Name of Contact Perso	n)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florid	da Department	of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing F Certified Copy (Additional copenclosed)	Cer by is Cer (Ad	.50 Filing Fee titicate of Status tified Copy ditional Copy is closed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Sc	ection

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Changing Faces Inc.		n-
(Name of Corporation as currently filed with the	Florida Dept. of State)	•
N21000001460		
(Docume	ent Number of Corporation (if know	rn)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Pa</i>	rofit Corporation adopts the followin
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" o	
B. Enter new principal office address, if applicab	N/A le:	
(Principal office address MUST BE A STREET AL		
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		er the name of the
Name of New Registered Agent:	N/A	
-		a street address)
<u>New Registered Office Address</u> :		
-	N/A	, Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reliable thereby accept the appointment as registered agent.		obligations of the position.
-	Signature of New Registered	l 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	ED	Adrienne P. Stephenson	165 Locke St. #C Tallahassee, Fl 32303
Remove			
2) Change Add	<u>P</u>	Lataisia Jones	102 Woodlake Terrace Suffolk, VA 23434
Remove 3) Remove Add Remove	V		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	= =:=:::		

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17		
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The discontinuous and according to the control of t		it ashar shan sha
date this document was signed.		_, if other than the
Effective data if applicables		
Effective date <u>if applicable</u> : (no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by	y the members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

Dated _	May 4, 202
Signature (
(1 	By the chilirman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Adrienne P. Stephenson (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were