

5/11/22, 10:39 AM

Division of Corporations

N2200002363

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EXCLUSIVELY YOURS UNISEX SALON AND BARBER SHOP INC.**

Certificate of Status	0
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Amend

Electronic Filing Menu

Corporate Filing Menu

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MAY 12 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EXCLUSIVELY YOURS UNISEX SALON AND BARBER SHOP INC.

DOCUMENT NUMBER: N22000002363

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

101 N. Brand Blvd., 11th Floor

(Address)

Glendale, CA 91203

(City/ State and Zip Code)

bibad33@yahoo.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Contact Person)

800

at ()

773-0888 ext. 9724

(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 &
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(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
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Certified Copy
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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

2022 MAY 11 PM 12:41

FILED

Articles of Amendment
to
Articles of Incorporation
of

EXCLUSIVELY YOURS UNISEX SALON AND BARBER SHOP INC.

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

N22000002363

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

4500 NW 36th St., Apt 409

(Principal office address **MUST BE A STREET ADDRESS**)

Lauderdale Lakes, Florida 33319

C. Enter new mailing address, if applicable:

4500 NW 36th St., Apt 409

(Mailing address **MAY BE A POST OFFICE BOX**)

Lauderdale Lakes, Florida 33319

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:

(Florida street address)

New Registered Office 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>Biba DiFruscio</u>	<u>4500 NW 36th St., Apt 409</u>
<input type="checkbox"/> Add			<u>Lauderdale Lakes, Florida 33319</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>SD</u>	<u>Chelsea DiFruscio</u>	<u>4500 NW 36th St., Apt 409</u>
<input type="checkbox"/> Add			<u>Lauderdale Lakes, Florida 33319</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>TD</u>	<u>Courtney DiFruscio</u>	<u>4500 NW 36th St., Apt 409</u>
<input type="checkbox"/> Add			<u>Lauderdale Lakes, Florida 33319</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 04/12/2022, if other than the date this document was signed.

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature Biba DiFruscio
(By the chairman 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)

Biba DiFruscio

(Typed or printed name of person signing)

President

(Title of person signing)