## P05000028662

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800047104088

03/07/05--01010--020 \*\*35.00

FILED

05 MAR -7 AN II: 35

SEGREJARY OF STATE

NEAR THE FILED

Arrand N.C.

C. Coulliette MAR 1 0 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $A/R$	BRUSH WORLD, IN
DOCUMENT NUMBER: POSTO	0028662
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
AHMED AK (Name of Co	DAFA ntact Person)
(Firm/ C	ompany)
515 N. Atla	intic Ave
Daylona Se (City/ State/a	ach FL 32/18 nd Zip Code)
For further information concerning this matter, plea	se call:
Ahmed Azaka (Name of Contact Person)	at (386) 453 45/8 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)  ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (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 409 E. Gaines Street Tallahassee, FL 32399

## Articles of Amendment to Articles of Incorporation of

AIR BRUSH WORLD, INC
(Name of corporation as currently filed with the Florida Dept. of State)
P05000028662
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
NEW CORPORATE NAME (if changing):
AIRBRUSH WORLD, INC
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Article V: Repistered Apent:
" Ahmed Arafa
515 N. Atlantic Ave Daytona Beach, FL 32/14
Dourtona Beach, FL 32/14
<u></u>
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: $3/3/05$
Effective date if <u>applicable</u> : 3/3/05  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signed this 3 day of march 2005  Signature Amed Talie
(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)
Ahmed ARAFA (Typed or printed name of person signing)
100 Fidest
(Title of person signing)

FILING FEE: \$35

## DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida, a corporation organizing under the laws of the State of Florida, with its principal office located at: has named Ahmed Arafa, whose address is 515 N. Atlantic Ave., Daytona Beach, FL 32118, as its Agent to accept service of process within this State.

ACCEPTANCE: I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent: