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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Classix BarberShop. Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lynne Soares WATERS CLASSIX BARBERSHOP, INC.

Firm/Company

2201 CHruS Valley CIRCLE

Address

PALM HARISOR FL 34683

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYNNE S. WATERS at 727 946-2622

Name of Contact Person Area Gode & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **™\$**43.75 Filing Fee & □\$52.50 Filing Fee **□\$**43.75 Filing Fee & ☐ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILES

	of		
CLASSI	X BARBER	ISHOP IN	/ C
(Name of Corpo	ration as currently filed	with the Florida Dept.	orsiale JAN 26 P 12: 05
	P080000	57647	LECKETARY OF STAFF
(Do	cument Number of Corpo	ration (if known)	TALLAHASSEE FLORIDA
Pursuant to the provisions of section 607,1006. Floits Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:		
THE CLASSIC	S BARBER	SHOP and Je	Welry Mine new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation," "co Torp," "Inc," or "Co". ?	nany " or "incorpor	ated" or the abbreviation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		n/a	
		/	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	n/a	
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in	Florida, enter the nam	e of the
	1		
Name of New Registered Agent	n/c		
	(Florida street addi	ess)	
New Registered Office Address:	(City)		Florida(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with an	daccept the obligations	of the position.
· · · · · · · · · · · · · · · · · · ·	n a		<u> </u>
	Signature of New Register	ell 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>John [</u>	<u>Doc</u>		
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>		
$X ext{ Add}$	SV Sally	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			<u></u>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove	1			
5) Change				
Add				
Келюче				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
f an amendment provides for an exchange, reclassification, or cancel	lation of issued shares,
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	mendment itseir:

•	1 2 1	۱ A
The date of each amendment(s) adoption: date this document was signed.	1 - 24 - 1	\mathcal{S} if other than the
Effective data if applicable	1-24.18	1
Effective date <u>if applicable</u> :	no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr		
"The number of votes east for the amenda		
by(voting		. .
(voting	group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without sha	reholder action and shareholder
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareho	der action and shareholder
Dated/ · 24- / {	3	
Signature	S. Water	dors or officers have not been
(By a director) preside	nt of other officer – if unice	receiver, trustee, or other court
appointed fiduciary by		
	LYNNE SOE	ARES WATERS
(Ту	ped or printed name of per	ARES WATERS rson signing)
	PPH	DENT
	(Title of person si	igning)
	, F	₩ ₩-