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DIVISION OF CORPORATION

Amand (1) 5/54/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	AC BARBER SHOP IN	NC		
DOCUMENT NU	MBER:	P10000099581	•		
The enclosed Artic	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all co	rrespondence concerning this	s matter to the following:			
-	······································	ORGINA SALAZAR			
	N	ame of Contact Person			
AC BARBER SHOP INC					
	Firm/ Company				
	5802 N ARMENIA AVE				
-	Address				
	T	AMPA FL 33603			
-		ty/ State and Zip Code			
-	phoenix E-mail address: (to be used	dbpg@msn.com for future annual report notification)			
For further information concerning this matter, please call:					
GEO	RGINA SALAZAR		03-3997		
Name o	of Contact Person	Area Code & Daytime Te	lephone 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 & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	ARBER SHOP INC	pt. of State)
(<u>Name of Corporation as c</u>	urrently filed with the Florida De	pt. of State)
*	10000099581	
(Document	Number of Corporation (if known)	~
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		<i>i Profit Corporation</i> adopts the follo
A. If amending name, enter the new nam	ne of the corporation:	
name must be distinguishable and conto abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STI		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST O</u>	able: FFICE BOX)	
D. If amending the registered agent and/ new registered agent and/or the new i		rida, enter the name of the
Name of New Registered Agent:	GEORGINA SALAZAR	
	5802 N ARMENIA AVE	
New Registered Office Address:	(Florida street addre	cs)
	TAMPA	Florida_33603
	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	nging Registered Agent: ed agent. I am familiar with and ac	ecept the obligations of the position.
	Signature of New Registered Age	nt, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	ALEJANDRO RUIZ	5802 N ARMENIA AVE TAMPA FL 33603	
<u>P</u>	GEORGINA SALAZAR	3411 W KIRBY ST TAMPA FL_33614	☑ Add □ Remove
	ding or adding additional Articles, en ulditional sheets, if necessary). (Be sp		
provis	mendment provides for an exchange, ions for implementing the amendment		
(if	not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: MAY 1, 2011
Effective date if applicable:	MAY 1, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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	<u>,"</u>
7	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Q	5/12/2011 Glllaccia
Signature	Allaccia
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	GEORGINA SALAZAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)