P1300093013

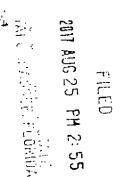
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MAIN STREET BARBERSHOP, INC DOCUMENT NUMBER: P13000093013 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARK D'AGOSTA Name of Contact Person MAIN STREET BARBERSHIP, INC Firm/ Company 2810 UNIVERSITY DR Address CORAL SPRINGS FL 33065 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK D'AGOSTA Name of Contact Person 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 & S35 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is: (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MAIN STREET BARBERSHOP, INC.

2017 AUG 25 PM 2: 55

(Name of Corporation as currently	iled with the Florida Dept. of State)
P13000093013	TALL) HASJEEL FLOR
(Document Number of C	Orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
nam, most be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
tFlorida stree	
New Registered Office Address:	ity) (Ztp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MCLAUGHLIN, DANA	2810 UNIVERSITY DR
Add			CORAL SPRINGS FL 33065
X Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
Change			
6) Change			·
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach additional sheets, if necessary).	(Be specific)	e(s) here:			
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f an amendment provides for an exch	vange reelassifies	ation or cancellat	ion of issued shar	res.	
provisions for implementing the ame	ndment if not cor	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
		, <u>-</u>		· · ·	
		<u>.</u>		-	
				 	
<u> </u>		 	<u>- </u>		

08/22/2017	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file do	же)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	wing statement ment(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 an action was not required.	.d shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	areholder
Dated8/2/	
Signature mm M2	
(By a director, president or other officer – if directors or officers hat selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
MARK D'AGOSTA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	