P14000029846

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1.	Office Use Onl	v



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SECRETARY OF STATE
AND ANASSEE, FI DEIDA

CRM 9-18-14

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: A Man'S Barber, Inc Book Bocument Number: P14000029846	1. SP
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.	Fi
Please return all correspondence concerning this matter to the following:	2:57
Antonio Brown	57
Name of Contact Person	
A Man's Barber, Inc.	
2055 Trade Center Way	
Address	
Naples, F1. 34109	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Antonio Brown at (239) 260-1523 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
Enclosed is a check for the following amount made payable to the Frontial Department of State.	
\$35 Filing Fee \$\text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is cnclosed) \$\text{Certified Copy}\$\$ (Additional Copy is enclosed)	
Mailing Address Street 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

•	A .45.1		TALL C
	Articles	of Amendment to	
1	Articles o	f Incorporation	77
	•	of	35.75 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A Man's	Barb	er, Inc.	7 PH 2:
(Name of Corporation as	currently filed with	the Florida Dept. of State)	RE S
P/4000	00298	46	<u> </u>
(Document	Number of Corporati	ion (if known)	
rsuant to the provisions of section 607.1 Articles of Incorporation:	006, Florida Statutes,	this Florida Profit Corporation	n adopts the following amendment(s)
If amending name, enter the new name	me of the corporation	<u>n:</u>	The new
me must be distinguishable and conte Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associate	ition "Corp," "Inc,"	or "Co". A professional corp	
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>			
		,	
Enter new mailing address, if applic (Mailing address MAY BE A POST O		2055 Tra Naples, 1	ade Center W -1. 34169
If amending the registered agent and new registered agent and/or the new			name of the
Name of New Registered Agent	Antonio	Brown	
	2055 TI	ade Center	Way
New Registered Office Address:	Naples	da street address) (City)	ida 3410 9 (Zip Code)

Page 1 of 4

Signature of New Registered Agent, if changing

•			
address of each Office (Attdch additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be note	r and/or Director ts, if necessary) director title by th e President; T= T O = Chief Finance rer, Director wou- ed in the following eaves the corpora	r being added: e first letter of the office title: Freasurer; S= Secretary; D= Director; TR= ial Officer. If an officer/director holds more Id be PTD. g manner. Currently John Doe is listed as the tion, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
X Change	PT John	<u>Doe</u>	1 2 0 %
X Remove	<u>V</u> <u>Mike</u>	Jones	27 200 200 200 200 200 200 200 200 200 2
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Antonio Brown	2055 Trade Center way
Remove 2) Change Add Remove	P/P NA	Magdami Marcos	361 15 St SW Naples, Fl. 34117
Change Add Remove	<u></u>	Morgan Marcos	361 15 St SW Naples, F1. 34117
4) Change Add Remove			
5) Change Add Remove			
6) Change			
Remove			

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an amendment provides for an exchange, reclast rovisions for implementing the amendment if no	ification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	contained in the amendment usen:	
/A)		
/ 		•
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The date of each amendment(s) adoption: $08/29/2014$	_, if other than the
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 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):	ı
"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.	PH 2: 58
Dated 08/29/2014 Signature Mayla Maria	
Signature (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) (Typed or printed name of person signing) Registered Agent Mar	- -