P140000 74619

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COVER LETTER

TÓ: Amendment Section

Division of Corporations

NAME OF CORPO	RATION: FAS BODY SHO	P INC	
	BER: P14000074619		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	KIMONEY CARMICHAEL		
		Name of Contact Person	
	FAS BODY SHOP INC		
		Firm/ Company	
	5812 DEWEY STREET		
		Address	
	HOLLYWOOD FL 33023		
		City/ State and Zip Code	
FASI	PAINTBODYSHOP@GMAII	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas THAEL	051	997-9095
Name (of Contact Person	at (Area Coo	_) le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Industry	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2019 HAR 20 PM 6: 06

FAS BODY SHOP INC

(<u>Name</u>	of Corporation as currently file P1400007461	d with the Florida Dept. c	of State) OF STATE
	P1400007461	9	HELPHASSEE, FL
	(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this <i>Florid</i>	ta Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
FAST BODY SHOP INC			77
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "Co".	A professional corporation	The new ted" or the abbreviation on name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)	<u>OFFICE BOX</u>)		
If amending the registered agent ar new registered agent and/or the ne	<u>id/or registered office address in</u> w registered office address:	Florida, enter the name	<u>of the</u>
Name of New Registered Agent	SUE- ANN BOWEN		
	5812 DEWEY ST		
	(Florida street ada	lress)	
New Registered Office Address:	HOLLYWOOD	Ŀ	Jorida 33023
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar with ar		the position
	Signature of New Registe	red 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:

 $P \simeq President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer-director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

E. Vample: X. Change	PT	John Doe	
X Remove	\underline{V}	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	SUE- ANN BOWEN	5812 DEWEY ST
X Add			HOLLYWOOD FL 33023
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			101
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (BREMOVE EIN: 47-4325365)	<u>, enter change(s) here</u> : Be specific)
ADD NEW EIN: 83-4011057	
F. If an amendment provides for an exchange	e, reclassification, or cancellation of issued shares. tent if not contained in the amendment itself:
(if not applicable, indicate N A)	ent i not contained in the amendment usen;

•	03/18/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
0.3	/18/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days af	ter amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable stati Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting each voting group entitled to vote sepa	ng groups. The following statement waterly on the amendment(s);
	st for the amendment(s) was/were sufficie	• •
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without s	
The amendment(s) was/were a action was not required.	dopted by the incorporators without share	cholder action and shareholder
03/18/19 Dated		
Signature <u>K</u>	money Cornich	ad
selec	director, president or other officer – if dir ed, by an incorporator – if in the hands of nted fiduciary by that fiduciary)	
	KIMONEY CARMICHAEL	
	(Typed or printed name of p	person signing)
	PRESIDENT - OWNER	
	(Title of person	signing)