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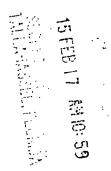
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FEB 1 3 2015 G. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	S			
NAME OF CORPORATIO			Shave, Inc.	
DOCUMENT NUMBER:	7140000901	J15		
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.		
Please return all corresponder	nce concerning this ma	tter to the following:		
Hei	di Williams			
		Name of Contact Person	1	
		Firm/ Company		
944	3 86th Ave			
Seminole, FL 33777				
<u> </u>		City/ State and Zip Code		
اانب	ahaidi4@			
	nsheidi4@ya		notification)	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Heidi Williams		at (727	564-8515	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A			Address	
Amendment Section Division of Corporations		Amendment Section		
P.O. Box 6		Division of Corporations Clifton Building		
	Tallahassee, FL 32314 Cliffon Building Control Building Control Building Control Building			
	•	Tallaha	assee, FL 32301	

Articles of Amendment to Articles of Incorporation

	of 注意 示
Razor, Edge, Design, Shave, Inc.	
(Name of Corporation as currently filed with	the Florida Dept. of State)
P14000090015	
(Document Number of Corpora	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
Razor, Edges, Designs & Shaves, In	IC.
name must be distinguishable and contain the word "corp	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	12055 Seminde Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Largo, FL 33778
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9443 86th Ave
	Seminole, FL 33777
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	nuar wun ana accept the obligations of the position.
Signature of New Pagis	stered 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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PCEO	Carlton Williams	9443 86th Ave
Add			Seminole, FL 33777
Remove			
2) Change	VCFO	Heidi Williams	9443 86th Ave
Add			Seminole, FL 33777
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if nec	cessary). (Be spec	ific)		
				
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<u> </u>				
			•	
 		 		· · ·
				
<u>n amendment provides fo</u> ovisions for implementing	the amendment if	not contained in	the amendment its	u snares, elf:
(if not applicable, indicat	te N/A)	not committee th	***************************************	y

The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Ellective date it applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Novemb	er 26, 2014	
Signature	•	
(By a d	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	Carlton Williams	
	(Typed or printed name of person signing)	
	Current Registered Agent	
	(Title of person signing)	_