## P15000002375

| (Re                                     | questor's Name)    |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ad                                     | dress)             |           |
| (Cit                                    | ty/State/Zip/Phone | ÷#)       |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nam  | ne)       |
| (Do                                     | ocument Number)    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: EYEBROWS ART 1 INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SHEHZADI ZAIB UN NISA SHAFI Name of Contact Person EYEBROWS ART 1 INC Firm/ Company 18450 PINES BLVD BAY # 107 Address PEMBROKE PINES, FL. 33029 City/ State and Zip Code PRINCESSMOON64@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHEHZADI ZAIB UN NISA SHAFI Area Code & Daytime Telephone Number 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 & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

| ١ | RΥ | EB | ROV | NS. | ART | 1 | INC |
|---|----|----|-----|-----|-----|---|-----|
|   |    |    |     |     |     |   |     |

| P15000002375  |  | 5                             |
|---|--|-------------------------------|
|   | (Document Number of Corporation (if known)   |                               |
| Pursuant to the provisions of section 60 its Articles of Incorporation: | 07.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts t   | the following amendment(s) to |
| A. If amending name, enter the new                                      | name of the corporation:   |                               |
| nama must be distinguishable and a                                      | ontain the word "corporation," "company," or "incorporated   | The new                       |
|   | ontain the word "corporation," company, or incorporated<br>ignation "Corp," "Inc," or "Co". A professional corporation i |                               |

|    | Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa | ation "Corp," "Inc," or "Co". A profes<br>tion," or the abbreviation "P.A." | sional corporation name must contain ti |
|----|---|---|---|
|    | Enter new principal office address, rincipal office address MUST BE A S       |   |   |
| C. | Enter new mailing address, if appliance (Mailing address MAY BE A POST)       | <del></del>   |   |
| D. | If amending the registered agent an new registered agent and/or the new       | d/or registered office address in Florida,<br>v registered office address:  | enter the name of the                   |
|    | Name of New Registered Agent  | SHEHZADI ZAIB UN NISA SHAFI   |   |
|    |   | 18450 PINES BLVD BAY # 107  |   |
|    |   | (Florida street address)  |   |
|    |   | PEMBROKE PINES  | 33029                                   |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Shehzadi Zaib Musen
Signature of New Registered Agent, if changing

(City)

(Zip Code)

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>    | 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                  | P/S/T        | SHAHZADI REHMAN             | 18450 PINES BLVD BAY # 107 |
| Add X Remove               |              |                             | PEMBROKE PINES, FL 33029   |
| 2) Change                  | P/S/T        | SHEHZADI ZAIB UN NISA SHAFI | 18450 PINES BLVD BAY # 107 |
| X Add                      |              |                             | PEMBROKE PINES, FL. 33029  |
| Remove                     | DIR          | MOHAMMAD S. REHMAN          |                            |
| 3) Change X                |              |                             | PEMBROKE PINES, FL 33029   |
| Add Remove                 |              |                             |                            |
| 4) Change                  |              |                             |                            |
| Add                        |              |                             |                            |
| 5) Change                  |              |                             |                            |
| Add                        |              |                             | <del></del>                |
| Remove                     |              |                             |                            |
| 6) Change                  |              |                             |                            |
| Add                        |              |                             |                            |
| Remove                     |              |                             |                            |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  PLEASE REMOVE ALL THREE TITLE'S WITH THE NAME SHAHZADI REHMAN.                             |  |  |  |
|---|--|--|--|
| THE REASON FOR DOING THIS BECUASE SHE GOT MARRIED AND CHANGED HER NAME.   |  |  |  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |  |  |  |
|   |  |  |  |
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| The date of each amendment(s) adoption:   | , if other than the  |
|---|--|
| date this document was signed.  11/17/2015  |  |
| Effective date if applicable:   |  |
|   | days after amendment file date)  |
| Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records. | ole statutory filing requirements, this date will not be listed as the               |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| ■ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.                | umber of votes cast for the amendment(s)   |
| ☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vo   |  |
| "The number of votes cast for the amendment(s) was/were   | sufficient for approval  |
| by  | , v  |
| (voting group)  |  |
| ☐ The amendment(s) was/were adopted by the board of directors w action was not required.  | thout shareholder action and shareholder   |
| ☐ The amendment(s) was/were adopted by the incorporators withou action was not required.  | t shareholder action and shareholder   |
| 11/17/2015<br>Dated   | <u> </u>   |
| Signature Slabyodi Zaik   | Hunder   |
| (By a director, president or other officer  | - if directors or officers have not been ands of a receiver, trustee, or other court |
| SHEHZADI ZAIB UN NISA S   | HAFI   |
| (Typed or printed na  | me of person signing)  |
| Sholsadi Zait   | Mungan / President   |
| (Title of   | person signing)  |