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COR AMND/RESTATE/CORRECT OR O/D RESIGN BEAUTY & BARBER INSTITUTE INC

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Articles of Amondment tion

| | to |
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| | Articles of Incorporat |
| AUTY & BARBER INSTITUTE INC | |
| | |

| rat | NC | | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------|
| | of Corporation as currently filed with the Plori | da Dept. of Sinta) | |
| P15000050504 | | | |
| | (Document Number of Corporation (if know | m) | |
| ursuant to the provisions of section 60' is Articles of Incorporation: | 7.1006, Florida Statutes, this <i>Florida Profit Corpor</i> | ation adopts the following amendment | (s) to |
| . I <u>f amending name, enter the new r</u> USSO'S INSTITUTE INC | name of the corporation: | The new | |
| ame must be distinguishable and ca Corp.," "Inc.," or Co.," or the desig ord "chartered," "professional associ | niain the word "corporation," "company," or 'nation "Corp," "Inc," or "Co". A professional ation," or the abbreviation "P.A." | incorporated" or the abbreviation | |
| . <u>Enter new principal office address</u> Principal office address <u>MUST BE A S</u> | | | |
| . Enter new mailing address, if appl (Mailing address MAY BE A POST | | | |
| . If amending the registered agent ar new registered agent and/or the ne | idlor registered office oridress in Florida, enter (w registered office address: | he name of the | |
| If amending the registered agent ar new registered agent and/or the ne Name of New Registered Agent | w registered affice Address: | he usma of the | |
| new registered agent and/or the ne | 904 E OSCEOLA PKWY | he name of the | |
| Name of New Registered Agent | w registered affice Address: | 34744 | |
| new registered agent and/or the ne | 904 E OSCEOLA PKWY (Florida street address) | | |

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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 = Chaliman 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 Chango | БŢ | John Doe | | |
|-------------------------------|----------|-------------------|---------------------|--|
| <u>X</u> Remove | <u>v</u> | Mike Jones | | |
| _X Add | SY | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | |
| 1) X Change | PST | CAROLINA ZARZUELA | 904 E OSCEOLA PKWY | |
| Add | | | Kissimmee, FL 34744 | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | <u></u> | |
| Remove | | | | |
| Change | | | | |
| Add | | | | |
| Remove | | | | |
| Change | | | | |
| Add | | | | |
| Remove | | | | |
|) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| Much additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an excha | nge, reclessification, or cancellation of issued shares. |
| an amendment provides for an excha covisions for implamenting the amen | nge, reclassification, or enacellation of issued shares, dment if not contained in the amendment itself: |
| an amendment provides for an excha covisions for implamenting the amen (if not applicable, indicate N/A) | nge, reclessification, or cancellation of issued shares, dment if not contained in the amendment itself: |
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| an amendment provides for an excharge sold in the amen (if not applicable, indicate N/A) | mge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: |

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| | ndoption: | , if other than the |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| date this document was signed. | 7 /2015 | |
| Effective date if applicable: | | |
| | (no more than 90 days ofter amendment file date) | |
| Note: If the date inserted in this document's effective date on the l | s block does not must the applicable statutory filing requirements, this and Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a by the sharpholders was/were | dopted by the shareholders. The number of votes east for the amendmen sufficient for approval. | t(s) |
| | pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cas | st for the amendment(s) was/were sufficient for approval | |
| by | (voling group) | |
| | (voting group) | |
| The amendment(s) was/were ac action was not required. | dopted by the board of directors without shareholder action and sharehold | d e r |
| The amendment(s) was/were ac action was not required. | topied by the incorporators without shareholder action and shareholder | |
| Dated | 7/7/15 | |
| Signature | Carolia Januala | |
| (By a solecte | director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other counted fluuctary by that fiduciary) | |
| | CAROLINA ZARZUELA | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |

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