# P17000022006

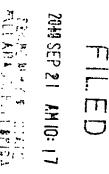
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST IM	PRESSIONS TW. INC						
DOCUMENT NUMBER: P17000022006							
The enclosed Articles of Amendment and fe	e are submitted for fili	ng.					
Please return all correspondence concerning	this matter to the follo	wing:					
ANDRE M. JARREI	.L						
	Name of Co	ntact Persor	l				
FIRST IMPRESSION	NS TW INC						
	Firm/ C	Сотралу					
5800 BEACH BLVD	5800 BEACH BLVD STE 102						
	Add	dress					
JACKSONVILLE,FI	. 32207						
<del> </del>	City/ State a	md Zip Code	÷				
FIRSTIMPRESSIONS320(	<b>@</b> ҮАНОО.СОМ						
	to be used for future a	nual report	notification)				
For further information concerning this matter than the second of the se	er, please call: at (	904	288-1193				
Name of Contact Person	at \		de & Daytime Telephone Number				
Enclosed is a check for the following amoun	t made payable to the I	Florida Depa	rtment of State:				
□ \$35 Filing Fee □\$43.75 Filing I Certificate of S		Ору	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation of

#### FIRST IMPRESSIONS TW. INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P17000022006 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature of New Registered 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.

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	V	JAMAAL BEA	11576 RIVA RIDGE CT			
Add			JACKSONVILLE			
X Remove			F1. 32218			
2) Change						
Add						
Remove						
3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		-				
Add						
Remove						
6) Change						
Add						
Damoua						

Attach additional sheets, if necessary).	(Be specific)	
	N/A	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	ires,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	ires,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:  N/A	ires,
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provisions for implementing the ame	ndment if not contained in the amendment itself:	ires,

	N/A	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
<u> </u>	N/A	
Effective date if applicable:	. "" •	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
N/A	,,	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
0	8/17/2018	
Dated Signature	AH	
•	rector, president or other officer - if directors or officers have not bee	
	, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appointe	ed fiduciary by that fiduciary)	
	ANDRE M. JARRELL	
-	(Typed or printed name of person signing)	
	president	
•	(Title of person signing)	