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AUG 15 2017

R. William

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Ġ)

NAME OF CORPO	RATION: International Hairl	ines SMP, Inc.	
DOCUMENT NUM	BER: P17000042640		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jason Haber		
		Name of Contact Persor	n
	Haber Blank, LLP		
		Firm/ Company	
	888 S. Andrews Avenue, Sui	te 201	
		Address	
	Fort Lauderdale, FL 33316		
		City/ State and Zip Cod	e
info(c	ginternationalhairlines.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Jason		954 at (	de & Daytime Telephone Number
Name of Contact Person Area Code &		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Fifing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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, F1, 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation

of

International Hairlines SMP, Inc.			
(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)	
P17000042640			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
		The new	
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	ion." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if applicable:	520 S. Federal Highway	
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33432	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		520 S. Federal Highway	
		Boca Raton, Ft. 33432	
D. If amending the registered agent at new registered agent and/or the ne			
new registered agent and/or the new registered office addr		<u> </u>	
Name of New Registered Agent	888 S. Andrews Avenue	Suit., 201	
		street address)	
Fort Landerdale 33316			
New Registered Office Address:		, Florida	
		•	
New Registered Agent's Signature, if of thereby accept the appointment as regis	tered agent. I am familia.	r 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	PT John	<u>Doc</u>	
X Remove	<u>∨</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	Seif Sidky	9900 W. Sample Rd. Stc. 100
Add			Coral Springs, FL 33065
x Remove			
2) Change	Agent	Haber Blank, LLP	888 S. Andrews Ave., Ste. 201
X Add			Ft. Lauderdale, FL 33316
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

Attach additional sheets, if necessary),	icles, enter change(s) here:  (Be specific)
•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/4)	
· 3 · · · · · · · · · · · · · · · · · ·	
.,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment)	
(no more than 90 days after amendment)	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	nd shareholder
Dated 7/8/17	
Signature	••
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, this appointed fiduciary by that fiduciary)  Tasan Heibr	
(Typed or printed name of person signing)	
Affarred for Cop. (Title of person signing)	
(Title of person signing)	_