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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FIRST IMPRES	SIONS IIIII BARBERSHOP	& HAIR SALON INC
DOCUMENT NUM	IBER: P17000059920		
	s of Amendment and fee are	submitted for filing.	
Please return all corr	espondence concerning this n	natter to the following:	
	MIRIAM TORRES ACEY	EDO	
		Name of Contact Person	
	MTA OF OVIEDO FINA	CIAL SERVICES INC	
		Firm/ Company	
	2572 ALOMAVENUE S	JITE 1072	
		Address	
	OVIEDO, FLORIDA 3276	5 1	
		City/ State and Zip Code	;
MIF	RETORRES@AOL.COM		
	E-mail address: (to be	used for future annual report	notification)
		1	
For further information	on concerning this matter, ple	ase call:	
MIRIAM TORRES	ACEVEDO	at (977-9230
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check f	or the following amount mad	payable to the Florida Depa	rtment of State:
S35 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIRST IMPRESSIONS IIIII BARBERSHOP & HAIR SALON INC

(Name of Corporatio	n as currently filed with the Florida Dept	. of State)
P17000059920		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> ad	lopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	" "Inc," or "Co". A professional corpora	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>RESS</u>)	
İ		
C. Enter new mailing address, if applicable:	Λ.	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
<u>'</u> '		
D. If amending the registered agent and/or registere	ed affice address in Florida, enter the nam	re of the
new registered agent and/or the new registered o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of New Registered Agent		
	(Florida street address)	
1000 111		6111
New Registered Office Address:	(City)	, Florida (Zip Code)
ĮI.	(Chy)	(Esp Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent!! I	stered Agent: am familiar with and occant the obligation	e of the recition
nereby accept the appointment as registered agents.	am jammar with and accept the congustions	garages and company
		SEP -
		ASS.
- !!	ture of New Registered Agent, if changing	
argna li	nire of New Registerea Agent, if changing	
ľ		
		2: 05 08:0
		05

address of each Officer's (Attach additional sheets. Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	and/or Di if necessa ector title President, Chief F r, Directo in the fol wes the co	irector being action by the first letter to be the first letter to b	ded: or of the office title: S= Secretary; D= Director; TR= True If an officer/director holds more the Currently John Doe is listed as the Poesimith is named the V and S. These sh	irector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	1	
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u> </u>	<u>Addres</u> s
1) Change	ST	NOE	TAVARES	851 LINCOLN PKWY
X Add			1	OVIEDO, FL 32765
Remove			1	
2) Change				
Add				
Remove				
3) Change			1	
Add				
Remove				
4) Change				
Add			 	
Remove				
5) (1				
5) Change			<u> </u>	
Add				
Remove				
6) Change				
Add				

__ Remove

s, enter change(s) here:
Be specific)
1.
<u></u>
<u>'</u>
'
•
e, reclassification, or cancellation of issued shares, tent if not contained in the amendment itself:
l e
T T

3

	1
AUG The date of each amendment(s) adoption: date this document was signed.	UST 29, 2018
ÀUGUST 29, 2017	1 ¹
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHEC	K ONE)
■ The amendment(s) was/were adopted by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
	hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	group) ."
The amendment(s) was/were adopted by the boaction was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder
AUGUST 29, 2017 Dated Signature	At And Durch
(By a director, preside	orator – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court v that fiduciary)
	APONTE BURGOS
	/ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)