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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DEL'S BEAUTY	SUPPLY, INC	
DOCUMENT NUMI	P17000060727		
The enclosed Articles	of Amendment and fee are si	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	TIMUR RAKHMATOV		
		Name of Contact Per	SOIT
	TFR & COMPANY, INC		
		Firm/ Company	
	3406 FLAGLER AVENUE		
		Address	
	KEY WEST, FL 33040		
		City/ State and Zip Co	ode
INFO	@TFRANDCOMPANY.CO	M	,
	E-mail address: (to be us	sed for future annual repo	ort notification)
For further information	a concerning this matter, pleas	se call:	
TIMUR RAKHMATOV		at (850	3569833
Name o	of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida De	partment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifte	et Address Indinent Section It ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

DEL'S	BEA	UTY	SUPPL	Y, INC

(Name	of Corporation as currently filed with th	a Florida Dont, of State)
P17000069727	So portation as currently field with the	e i iorida Dept. or state)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i>	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 con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A profes	" or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	icable: OFFICE BOX)	THE PH IN SH
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, v registered office address:	enter the name of the
Name of New Registered Agent	SHAWN NICOLE STEVENS	_
	910 MCFARLAN AVENUE	
	(Florida street address)	
New Registered Office Address:	FORT WALTON BEACH	. Florida
	(City)	(Zip Code)
N D to Lo object to		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	<u>vanging Registered Agent:</u> ered agent. I am familiar with and accept	the abligations of the position
	Am Han	Le songarims by 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 Doc 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	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	SHAWN NICOLE STEVENS	910 MCFARLAN AVENUE
Add			FORT WALTON BEACH
Remove			FL 32547
2) Change			·
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	- .	_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	rticles, enter change(s . (Be specific)			
				
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f an amendment provides for an exc	hange, reclassificatio	n, or cancellation o	f issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment il not contai	ned in the amendm	ent itself:	
				
				 .
			_	

The date of each amendment(s) adoption:	other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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 and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	