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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mr. Hands	onves Parben Shop inc.				
document number: P1800005743	U				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Sergio J Per	·ez				
Mr. Handsonies Barber Shap.					
76450 SW 146 Ct # 1-107					
Address  HOMESTEACH F1, 33030.  City/ State and Zip Code					
mr. handsome_barbenandl ubm E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sergio J. Perez	at ( 717 ) 330 8544 .  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:  /					
Certificate of Status Ce (Ac	3.75 Filing Fee & Status ortified Copy Certificate of Status Idditional copy is closed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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(Name of Corporation as currently filed with the Florida Deni (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (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: (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.

Example: X Change		n Doe	
X Remove		<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Jararo Marin	10363 20 509 W
X Add			Cutter Bay, Fl
Remove			33189
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here: ). (Be specific)
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r 1	1 1 200 12
nrovisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enoment is not contained in the amendment usen.
,	

The date of each amendment(s) adoption: _ date this document was signed.	08/04/2018	, if other than the
Effective date if applicable:		
mapping.	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amend r approval.	lment(s)
	the shareholders through voting groups. The following sing group entitled to vote separately on the amendment(s	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	<u></u>	
(v	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and sharehol	der
DatedOB OU	7D18	
Signature	-7/	
	esident or other officer - if directors or officers have not	been
selected, by an in	corporator - if in the hands of a receiver, trustee, or other	er court
appointed fiducia	ary by that fiduciary)	
	Semio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	