## P21000035662

(Re	equestor's Name)	
(Ac	ddress)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	JD	ENNIS
	<sup>;</sup> JAN	1 7 2023

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PAIM BEACH BARBER A CAPEMY, (NC DOCUMENT NUMBER: P2 100003566Z The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address

City/ State and Zip Code

SEACH, FL 33708 JUNCAU OI @icloud.(M)

ge used for future annual report notification) For further information concerning this matter, please call: at ( S(1) 407-98/4 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

10

Articles of Incorporation

P210	100035667	· · · · · · · · · · · · · · · · · · ·
(Docume	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corp</i>	noration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration: Une Barber	Acade My inche new
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	poration," "company," or "inco or "Co". A professional corp	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		er the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida, (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. //	tered Agent:	abligations of the position
Thereing accept the appointment as registered agent.	am jammar with and accept the	obligations of the photon.
	5.11 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>
Signat /	ure of New Registered Agent, if o	enanging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 60	7.0120 (11) (e), F.S.	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	_		
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			<u> </u>
Remove			

ach additional shoots if	ditional Articles, enter c necessary). (Be specifi	nange(s) nere:		
acii adamonai sneeis, y	necessary). The specifi	-,		/
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amendment provides	s for an exchange reclas	sification, or cance	lation of issued s	h <u>ares,</u>
visions for implement (if not applicable, indi	ting the amendment if no	ot contained in the	mendment itself	<u> </u>
(ij not applicable, inal	cale N/A)			
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		<del></del> -		
				·

The date of each amendment(s) ad	option: 8/16/22	, if other than the
date this document was signed.	$\frac{1}{2}$	
Effective date <u>if applicable</u> :	tho more than 90 days after amendment file	e date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adop  by the shareholders was/were sul	oted by the shareholders. The number of votes cast for t Ticient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the ame	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
Dated (	3/16/22	
selected	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<i>γ</i> ( ρ )
		<del>-</del>
_	PRESIDENT	
	(Title of person signing)	