P21000035662

(Requ	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SIGNATURE BARBER ACADEMY INC	٠.
DOCUMENT NUMBER: P2/00003566Z	
The enclosed <i>Articles of Amendment</i> and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
•	
TUSH JUNEAU Name of Contact Person	
Name of Contact Person	
SIGNATURE BARBUR ACADEMY	
SIGNATURE BARBUR ACADEMY STREET SUITE 8	
MEST PAM BEACH, FL 33407 City/ State and Zip Code	
City/ State and Zip Code	
Inso @ signature barbera Cademy. com	
E-mail address: (to be used for future annual report notification)	
- <u> </u>	7 <u>0</u> 7
For further information concerning this matter, please call:	9 07 L 120€
MATHEW YOUNG at (561) 703 - 3034 Name of Contact Person Area Code & Daytime Telephone Number.	ا ا اک
Name of Contact Person Area Code & Daytime Telephone Number.	
Enclosed is a check for the following amount made payable to the Florida Department of State:	2:11
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

Articles of Amendment

to

Articles of Incorporation

5/GNATURE BARBER ACADEMY INC. (Name of Corporation as currently filed with the Florida Dept. of State) P2/000035662

(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:

	,		The	new:
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Inchartered," "professional association," or the above	'nc," or "Co". A professional corpo	porated" or the abbrevia oration name must cont	tion "Co ain the	rp.," word
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
			2))24 14	_ _ _:`
D. If amending the registered agent and/or reginew registered agent and/or the new register		r the name of the)	31. u
Name of New Registered Agent				ي شار س ندن - در ښاه د
	(Florida street address)		F 21	
	(1 10) had sireer dadressy			
New Registered Office Address:		, Florida		
New Registered Office Address:	(City)	, Florida	p Code)	
New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent:	(Zi _l	n Code) 1.	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (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> <u>John</u>	<u>ı Doç</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Salb</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	<u>CEO</u>	TOSH JUNGAU	JUNO BEACH, FL
X Add			JUNO BEACH, FL
Remove			33408
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach <i>additio</i>	nal sheets, if necessar	у). (Be specific	リ			
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<u>f an amendm</u>	ent provides for an	exchange, reclas	sification, or can	cellation of issued	i shares,	
provisions fo	r implementing the	amendment if no	t contained in th	e amendment its	<u>elf:</u>	
(y not ap _i	plicable, indicate N/A	.)				
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	- -:			<u> </u>		
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The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
uate ans document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this opartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen fficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
Dated	5/24/24	
Signature	rector, president of other officer – if directors or officers have not been	
	t, by an incorporator – if in the hands of a receiver, trustee, or other co	
appoint	ed fiduciary by that fiduciary)	
	Matthew Your	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	