## P00000109671

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Amend + M/c

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## **COVER LETTER**

Division of Corporations	:	
NAME OF CORPORATION: Mega	HAIR Tech, INC	
DOCUMENT NUMBER: POOC	0/09671	error en familie en error
The enclosed Articles of Amendment and fee a	re submitted for filing.	·
Please return all correspondence concerning this	is matter to the following:	
VINCENT	Sthair Jame of Contact Person	
Mega HAIT 7	Tech Inc Firm/Company	
	Address  PL 33319  ity/ State and Zip Code	· .
	2 aol: Com d for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
VINCENT Sthair Name of Contact Person	at ( <u>954</u> ) <u>739 –</u> Area Code & Daytime Tele	
Enclosed is a check for the following amount m	nade payable to the Florida Depart	ment 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 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment 2009 NOV 2 AM 11: 40 Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 2000/09671
(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: Enchantment Hair Creations, Inc.

The new 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: New Registered Office Address: (Florida street address) 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: (Attůch additional sheets, if necessary) **Title Name** Address Type of Action ☐ Add ☐ Remove ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). "(Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	10/29/09		
(date of adoption is rec	puired)		
Effective date if applicable:			
(no more than 90 days after amendment )	ile date)		
	•		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)		
The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately			
"The number of votes cast for the amendment(s) was/were suffic	ient for approval		
by	,,		
- (voting group)			
<ul><li>The amendment(s) was/were adopted by the board of directors withou action was not required.</li><li>The amendment(s) was/were adopted by the incorporators without shapes.</li></ul>	•		
action was not required.			
Dated 10/29/09			
Signature Vencon Show	<u> </u>		
(By a director, president or other officer – if di selected, by an incorporator – if in the hands o appointed fiduciary by that fiduciary)			
VINCENT Sthair	· · · · · · · · · · · · · · · · · · ·		
(Typed or printed name of person signing)			
President	737		
(Title of person signing)			