

P08000034604

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Not Amended  
+ EWS  
4-29-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Shalon Hair Cutters, Inc

**DOCUMENT NUMBER:** P08000034604

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR F. SARGEN

(Name of Contact Person)

SHALON HAIR CUTTERS, INC

(Firm/ Company)

1333 PINE RD

(Address)

WEST PALM BEACH, FL 33406

(City/ State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

OSCAR F. SARGEN

(Name of Contact Person)

at ( 561 ) 964-2855

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Articles of Amendment  
to  
Articles of Incorporation  
of**

SHALON HAIR CUTTERS, INC

(Name of corporation as currently filed with the Florida Dept. of State)

P08000034604

(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:

**NEW CORPORATE NAME (if changing):**

OASIS. MENS HAIR PLACE, INC.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE # VII - TITLE: VP IDALMYS SARGEN ----- DELETED.

Note: (Attach you can find a consent of the VP to be deleted of this corporation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if necessary)

If an amendment provides for 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

CLERK OF THE FLORIDA DEPT. OF STATE  
APR 24 AM 10:21

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# SHALON HAIR CUTTERS, INC

1333 Pine Road. West Palm Beach, FL 33406

Phone: 561-964-2855

E-mail: oscar\_sargen@bellsouth.net

April 20, 2008

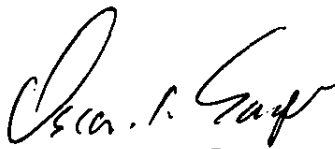
To: Amendment Section  
Division of Corporations of Florida

## ACKNOWLEDGEMENT

The following is an agreement between Oscar F. Sargen, (President) and Idalmys Sargen (Vice-President) of SHALON Hair Cutters, Inc.; where we adopt the followings amendments.

1. Under the Article VII, We would like to have Idalmys Sargen (VP) out of the Corporation.
2. Corporation name change from Shalon Hair Cutters, Inc (P08000034604) to **Oasis Men's Hair Place, Inc.**

The individuals whose signatures appear below, hereby represents and warrants that the changes request are a true and accurate representations of the facts stated therein.



Oscar F. Sargen, P.



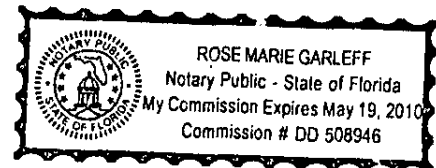
Idalmys Sargen, VP.

Sworn To And Subscribed Before Me This

23<sup>rd</sup> day of APRIL, 2008

Rose Marie Garleff  
Signature of Notary Public - State of Florida

ROSEMARIE GARLEFF  
Print, Type or Stamp Name of Notary Public



Personally known to me, or

Produced Identification: FLDL EXP 04/10/10

Type of I.D. 12/06/10

The date of each amendment(s) adoption: 04/04/2008

Effective date if applicable: 04/04/2008  
(no more than 90 days after amendment file date)

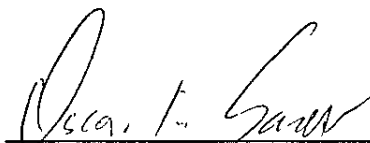
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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 appointed fiduciary by that fiduciary)

OSCAR F. SARGEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE  
ALLAHASSEE, MISSISSIPPI

FILING FEE: \$35