## P140000 36569

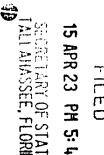
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AATION: KANZAH C	OSTUME INC	
DOCUMENT NUME	BER: P14000036569	9	
	of Amendment and fee are sub		
Please return all corres	pondence concerning this matt	er to the following:	
	MASOOMA SYEE		
		Name of Contact Person	<del></del>
		Firm/ Company	
	4130 NW 8TH LA		
		Address	
	POMPANO BEAC		
	_	City/ State and Zip Code	
<u>W</u> A	QARRIZVI1950@	HOTMAIL.COM ed for future annual report i	
	E-mail address: (to be use	ed for future annual report i	notification)
For further information	n concerning this matter, please	e call:	
MASOOMA SYED			
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	ayable to the Florida Depa	rtment 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)
Ame Divi P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of		
KANZAH COSTUME INC		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
P14000036569		
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	orida Profit Corporation adopts the following amend	ment(s) to
A. If amending name, enter the new name of the corporation:		
SANDALFOOT HAIR & THREADING INC	The n	ew
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviate  o". A professional corporation name must contain	ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
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 new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street	t address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent.	PR 2	FILED

Page 1 of 4

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ecessary). (B	<u>, enter change</u> le specific)			
	<del></del>			, <u></u> ,	·
·	V				
		<u>.</u>			
<u>provisions for implementin</u>	ng the amendn	ge, reclassifica nent if not con	tained in the amer	on of issued snar idment itself:	es.
an amendment provides of the provisions for implementing (if not applicable, indicable)	ng the amendn	e, reclassifica nent if not con	tion, or cancellation that the smer	on of issued snar adment itself:	CS.
<u>provisions for implementin</u>	ng the amendn	ge, reclassifica nent if not con	tion, or cancellation	on of issued snar ndment itself:	<u>es.</u>
<u>provisions for implementin</u>	ng the amendn	ge, reclassifica nent if not con	tion, or cancellation	on of issued snar ndment itself:	
<u>provisions for implementin</u>	ng the amendn	ge, reclassifica nent if not con	tion, or cancellation	on of issued snar ndment itself:	<u>.</u>
<u>provisions for implementin</u>	ng the amendn	ge, reclassifica nent if not con	tion, or cancellation	on of issued snar ndment itself:	<u>.</u>
an amendment provides provisions for implementing (if not applicable, indic	ng the amendn	ge, reclassifica nent if not con	tained in the amer	on of issued snar	<u>.</u>

The date of each amendment(s) adoption: APRIL 17, 2015 date this document was signed.	, if other than the
ADDII 17 2015	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t .
"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.	
Dated_APRIL 17, 2015	
Dated	
Signature Mysooma Sul A-	
(By a director, president or other offiger – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
MASOOMA SYED	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	