## L21000104286

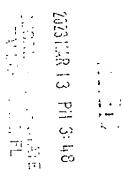
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## **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJ	SUN ROSE NAILS & SPA LLC						
5000	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered (	Office Change and	fee(s) are submitted fo	or filing.			
Please	return all correspondence concerning	this matter to the f	Following:				
HOAN	NG VOTRAN						
	Name of Person	<u> </u>					
SUN I	ROSE NAILS & SPA LLC						
	Firm/Company		_				
12529	YELLOW BLUFF RD STE 3						
	Address		<del></del>	100 mg/			
JACK	SONVILLE, FL 32226	_					
_	City/State and Zip Cod	e		. د 			
STAF	FATALLCOST@GMAIL.COM						
	E-mail address: (to be used for future a	annual report notifi	ication)	7-1			
For fu	urther information concerning this mat	ter, please call:		1,,			
FUAI	DA VELIC	904 at (	232-8270				
	Name of Person		Area Code & Dayti	me Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroc Tallahassee, FL 3	orations llahassee Street, Suite 810			
	Enclosed is a check for the follow	ing amount:					
	\$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certif	fied Copy			
INHS	18 (2/14)						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	nme of the limited liability company:  SUN ROSE NAIL	LS & SF	PA LLC	
	SUN ROSE NAILS & SPA LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12529 YELLOW BLUFF RD STE 3		12529 YELI	LOW BLUFF RD STE 3
	JACKSONVILLE, FL 32226		JACKSONV	VILLE, FL 32226
	03/03/2021		L2100010428	6
3.	Date of filing/registration in Florida	<b>-</b> 4.	I	Ocument number
<i>د</i> (م)	SUN ROSE NAILS & SPA LLC			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:	
	HOANG VOTRAN			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	12400 YELLOW BLUFF RD STE 3			40.28
	JACKSONVILLE, FI	32226		
(1.)	SUN ROSE NAILS & SPA LLC			<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	<u> </u>
	HOANG VOTRAN			3:43
	NEW Registered Office Address:			
	12529 YELLOW BLUFF RD STE 3			
	JACKSONVILLE . FI	. 32226 L		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Hoany when the company and the company when the company we have the company of a member of a memb	e registe iability of the limited	ered office and company, it is imited liability d liability comp OANG VOTRA	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
I here provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	ree to a e perfor ed for in hereby	ict in this capa mance of my d i Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
X	ure of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00