## P0/000564/2

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Pro Nails Academy Inc. (Name of Corporation)	on)			
DOCUMENT NUMBER: P01000056412				
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Huong Nguye (Name of Contact Pers	in			
(Name of Contact Pers	son)			
Pro Nails Academ (Firm/Company)	ny Inc.			
2115 W. Colonial Dr.				
(Address)				
Orlando, FL 32 (City/State and Zip Co	2804 ode)			
For further information concerning this matter, please call:				
Huong T. Nguyen at ( (Name of Contact Person) (A	rca Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	State.			
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			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\underline{F}$ er to change its registered office or registered agent, or both, in the State of Fl	lorida	<i>S</i>	<b>-</b> .
1. The name of	the corporation: Pro Nails Academy Inc.			
2. The principal	office address: 2115 W. Colonial Dr. Orlando FL 32804			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 06/01/2001 Document number: P01000	056412		
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	h the		
	Quang Nguyen	TAI	700	
	2115 W. Colonial Dr	L CRE	2008 DEC	-
	Orlando FL 32804	(DE	C 12	-
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office		PM 12: 06	m O
	Huong Nguyen	REA	90	
	2115 W. Colonial Dr (P.O. Box NOT acceptable)			
	Orlando, FL 32804			
The street addr	ess of its registered office and the street address of the business office of its le identical.	s registere	d ager	ıt,
=	as authorized by resolution daily adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.			
	HUDG (Printed or typed name and to	TT/	16	UYEK,
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a charge in the registered office address, I hereb is been notified in writing of this change.	plete perf l agent. () y confirm	orman Ir, if th that th	ice his he
	ehalf of an entity:			-
	Typed or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*