	incipal Place of Business:			
2906 THOMA				
PANAMA CIT	Y BEACH, FL 32408			
Current Ma	ailing Address:			
2906 THO	MAS DRIVE			
PANAMA (CITY BEACH, FL 32408 US			
FEI Numbe	er: APPLIED FOR		Certificate of Status Des	sirad: No
				sireu. No
Name and	Address of Current Registered Agent:			
NGUYEN, HI				
2906 THOMA				
2906 THÓMA PANAMA CIT	S DRIVE Y BEACH, FL 32408 US			
2906 THÓMA PANAMA CIT	S DRIVE	its registered office or regis	tered agent, or both, in the State of Fi	lorida.
2906 THÓMA PANAMA CIT The above nam	S DRIVE Y BEACH, FL 32408 US	its registered office or regis	tered agent, or both, in the State of Fl	^{lorida.} 02/17/2021
2906 THÓMA PANAMA CIT The above nam	S DRIVE Y BEACH, FL 32408 US ed entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Fi	
2906 THOMA PANAMA CIT The above nam SIGNATUF	S DRIVE Y BEACH, FL 32408 US red entity submits this statement for the purpose of changing a RE: <u>HIEN NGUYEN</u>	its registered office or regis	tered agent, or both, in the State of Fi	02/17/2021
2906 THOMA PANAMA CIT The above nam SIGNATUF	S DRIVE Y BEACH, FL 32408 US ed entity submits this statement for the purpose of changing is RE: <u>HIEN NGUYEN</u> Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Fi	02/17/2021
2906 THOMA PANAMA CIT The above nam SIGNATUF Authorized	S DRIVE Y BEACH, FL 32408 US ed entity submits this statement for the purpose of changing a RE: <u>HIEN NGUYEN</u> Electronic Signature of Registered Agent d Person(s) Detail :			02/17/2021
2906 THOMA PANAMA CIT The above nam SIGNATUF Authorized Title	S DRIVE Y BEACH, FL 32408 US ed entity submits this statement for the purpose of changing in RE: <u>HIEN NGUYEN</u> Electronic Signature of Registered Agent d Person(s) Detail : MANAGER	Title	AP	02/17/2021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

AP

SIGNATURE: HIEN NGUYEN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000148992

Entity Name: SERENITY NAILS AND SPA LLC

FILED Feb 17, 2021 Secretary of State 4424316519CC

> 02/17/2021 Date