#### 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. SIGNATURE: ANH TRUONG AMBR

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

**Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: A & T ORGANIC SPA NAILS LLC

240 CITRUS TOWER BLVD J CLERMONT, FL 34711

240 CITRUS TOWER BLVD

CLERMONT, FL 34711

J

FEI Number: 93-3414058

# Name and Address of Current Registered Agent:

TRUONG, ANH 1516 SUNDOWN LANE CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	TRUONG, ANH	Name	TRUONG, THIEU
Address	240 CITRUS TOWER BLVD STE J	Address	240 CITRUS TOWER BLVD STE J
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

Electronic Signature of Signing Authorized Person(s) Detail

### FILED Apr 22, 2024 Secretary of State 3776120407CC

Certificate of Status Desired: No

04/22/2024

Date