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SECRETARY OF STAIL DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Paradise Wails</u> (Name of	Spac "LLC f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Thuy Houng		
(Name of Person)	OF SEC	
Paradise Wail Sous (Firm/Company)	·// PC - SEE	
3257 N. Federal High	OF DEC 14 AM 11: 47	
Bocq Zaton Fl. 33 (City/State and Zip Code)	431	
For further information concerning this ma	etter, please call:	
Thuy Hoan g (Name of Person)	at (3/6) 5/9 - 2498 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ring amount:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: <u>Pac</u>	adise Nail Spa "CCC"
2. The mailing address of the limited liability company	is: 3257 IV. Faderal
Highway Boca Raton, F1 3343,	
10/19/1006 3. Date of filing/registration in Florida	606000102458
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State:	,
Thuy Hoang Name	
4/30 Bear Lake Addres	<u>C4 #/04</u>
West Palm Beach City, State a	nd Zip d/or office: 06 PEC 14 07 PEC PET FILE 08 PEC 14 08 PEC 14 08 PEC 14 09 PE
6. The name and address of the new registered agent an	d/or office:
They Houng Name	AT OF
Name 3257 W. Feder	Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
Briga Ration FL	33445
<u>Boca Ration</u> FL City, State and	d Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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