

L12000151907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Giffen JUL 10 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My Nail Spa & Hair LLC  
Name of 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 this matter to the following:

Michelle D. Truong  
Name of Person

My Nail Spa & Hair LLC  
Firm/Company

8611 Sandy Plains Dr.  
Address

Riverview FL 33578  
City/State and Zip Code

my nail spa and hair@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Truong at ( 813 ) 422-3048  
Name of Person 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 following amount:**

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: My Nail Spa & Hair LLC
2. (a) Principal office address of limited liability company: 6427 S. 301 Hwy.  
(Note: **MUST BE STREET ADDRESS**) Riverview, FL 33578
- (b) Mailing address of limited liability company: 8611 Sandy Plains Dr.  
(Note: **MAY BE POST OFFICE BOX**) Riverview, FL 33578
3. Date of filing/registration in Florida: 12/5/12
4. Document number: L12000151907
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Anh Tran  
Registered Office Address: 2814 Windcrest Oaks Ct.  
Valrico, FL 33594
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Nhut Van Truong  
**NEW Registered Office Address:** 8611 Sandy Plains Dr.  
(**MUST BE FLORIDA STREET ADDRESS**) Riverview, FL 33578

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member

Nhut Truong  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Gu

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

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DIVISION OF STATE  
CORPORATIONS