## L2200008195Z

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Six/	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Xiaojing Xu Name of Person	
Sweety Nail L Firm/Company	•
3(53 W Vine Street Address	
Ki45: mme-e, FL ? City/State and Zip	5474   Code
Alphaioii) (a) Yaha E-mail address: (tabe used for fut	ure annual report notification)
For further information concerning this	matter, please call:
Name of Person	at (77) 5606892 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the fol	lowing amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Sweety Nail LLC
		O
۷.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
		4807 W Irlo Branson Memorial HWY 4867 W Irlo Branson Memoria
		Kissimmee, FL, 34746 Kissimmee, FL, 34746
		721/2022 1220000 81 952
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Xiaojing Xu
-	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		3153 W Vine Street
		Kissimmee FL 3474
		$iM = iM \cdot 1 \cdot 5$
	(b)	Hung Minh Do
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		8106 S Orange Blossom Trail
		NEW Registered Office Address:
		7.6
		Urlando FL 32809
cha age wa the	ange ent v s/we arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	$\sum$	ure of a member or authorized representative of a member    X   D   In   X   U
Ş	Sighai	ure of member or authorized representative of a member    Vill b   In   Vill b   Printed or typed name of signee
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sig	gnaru	re of Registered Agent