L24000408245

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Fnone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
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10/17/24--01015--008 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: KN NAIL ARTIST Name of Corporation	
DOCUMENT NUMBER: L24000408245	
The enclosed Statement of Change of Regi	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
KATISLEIDIS VASCONCELOS MONTES I	DE OCA
Name of Contact Person	
Firm/Company	
9440 FONTAINEBLEAU BLVD APT 110	
Address	· · · · · · · · · · · · · · · · · · ·
MIAMI, FLORIDA, 33172	
City/State and Zip Code	
katisleidivasconcelo@	gmail.com
E-mail address: (to be used for future a	innual report notification)
For further information concerning this ma	atter, please call:
KATISLEIDIS VASCONCELOS MONTES I	DE OCA at (786) 9185843
Name of Contact Person	DE OCA at (786) 9185843 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable	to the Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
randinassee. Fig 52514	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of FLO or to change its registered office or registered agent, or both, in the State of Flori	RIDA	; ———
1. The name of t	the corporation: KN NAIL ARTIST LLC		
2. The principal	the corporation: KN NAIL ARTIST LLC office address: 9440 FONTAINEBLEAU BLVD, APT 110, MIAMI FLORIDA 331	72	
3. The mailing a	address (if different): SAME AS PRICIPAL		
4. Date of incorp	poration/qualification: SAME AS PRICIPAL 09/20/2024 Document number: L2400040824	15	
5. The name and	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	Business Filings Incorporated		
	1200 South Pine Island Road, Plantation, Florida 33324		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		2400117
	KATISLEIDI VASCONCELOS MONTES DE OCA	1.4 r	
	9440 FONTAINEBLEAU BLVD, APT 110, MIAMI FLORIDA 33172	- -	
	PO Box NOT acceptable	Swilly.	ETF: 24
	ess of its registered office and the street address of the business office of its re t be identical. as authorized by resolution duly adopted by its board of directors or by an office board. Or the corporation has been notified in writing of the change.		l agent
authorized by the	he board, or the corporation has been notified in writing of the change.		
· · · · · · · · · · · · · · · · · · ·	KATISLEIDIS VASCONCELOS, OW The of an officer or director Printed or typed name and title	√NER ———	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered ag ing filed merely to reflect a change in the registered office address. I hereby c s been notified in writing of this change.	ete perfo vent "O	r. It Im
	ensiture of Registered Agent Date		
If signing on bo	chalf of an entity:		
	* * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)