

P00000109010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Print Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300399745603

FILED

2023 JAN -5 AM 10:23

Submittal
17 E. CHASE ST
MILWAUKEE, WI 53201



2023 JAN -5 PM 2:06

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 43.75

AUTHORIZATION: *Kathy Hair*

KATHY HAIR AND NAILS INC. P00000109010

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ **Conversion**
☐ **Statement of Revocation of
Dissolution**

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report
☐ Fictitious Name

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTIL() ☐

☐ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KATHY HAIR AND NAILS INC.

DOCUMENT NUMBER: P00000109010

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHUONG T VO

Name of Contact Person

KATHY HAIR AND NAILS INC.

Firm/ Company

7727 S. DIXIE HWY

Address

W. PALM BCH, FL 33405

City/ State and Zip Code

. PHAN740@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUNG G PHAN

Name of Contact Person

at (561) 3152243

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

KATHY HAIR AND NAILS INC.

2023 JAN -5 AM 10:23

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000109010

SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input type="checkbox"/> Remove	V	Mike Jones
<input type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	VO PHUONG T	6723 RAINWOOD CV
<input type="checkbox"/> Add			LAKE WORTH, FL 33463
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	PD	TRAN THY TRANG NGOC	157 YACHT CLUB APT 106
<input checked="" type="checkbox"/> Add			HYPOLUXO, FL 33462
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VP	PHAN DUNG GIA	6723 RAINWOOD COVE LN
<input checked="" type="checkbox"/> Add			LAKE WORTH, FL 33463
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____
(voting group)"

Dated 1/5/23

Signature [Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PHUONG T VO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2023 JAN -5 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FL