

PD2000027408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

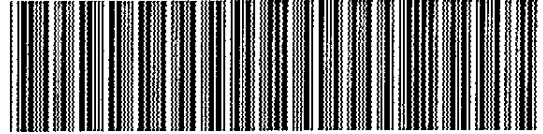
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. Ouellette SEP 12 2003

AGENTS AND CORPORATIONS, INC.

PROFESSIONAL CORPORATION SERVICES SINCE 1974

DAVID N. WILLIAMS, ESQUIRE
PRESIDENT

SUITE 600, ONE COMMERCE CENTER
1201 ORANGE STREET
P.O. BOX 511
WILMINGTON, DE 19899-0511

PHONE: (302) 575-0877
(800) 759-2248
FAX: (302) 575-1642

E-MAIL ADDRESS:
AGENTS@WHW-DE.COM
WWW.INCNOW.COM

AUGUST 20, 2003

Mr. Michael N. Phan
NAILCO AND SPA, INC.
p o box 5246
Jacksonville, FL 32247-5246

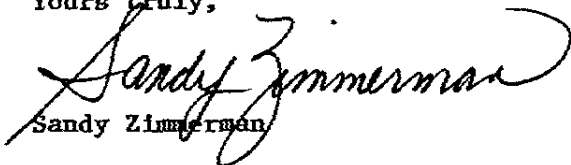
Re: NAILCO AND SPA, INC.

Dear Mr. Phan:

I am returning to you the signed Change of Registered Agent papers so that you may file with the Office of the Secretary of State of Florida. Please note I changed the Registered Agent address from Delaware to Florida. Also on the Transmittal Letter I put your name as the contact and you will need to fill in your telephone number.

Should you have any questions, please feel free to contact the undersigned at 800-759-2248.

Yours truly,


Sandy Zimmerman

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAILCO AND SPA, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000027408

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Michael N. Phan
(Name of person)

NAILCO AND SPA, INC.
(Name of firm/company)

P.O. BOX 5246
(Address)

JACKSONVILLE, FL 32247-5246
(City/state and zip code)

For further information concerning this matter, please call:

^ Michael N. Phan AT 904-737-6680
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of **FLORIDA** in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: **NAILCO AND SPA, INC**
2. The principal office address: **1540 UNIVERSITY BLVD WEST, JACKSONVILLE, FL 32217**
3. The mailing address (if different): **P.O. BOX 5246, JACKSONVILLE, FL 32247-5246**
4. Date of incorporation/qualification: **MARCH 06, 2002** Document number: **P02000027408**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL N. PHAN
1504 LARUE AVENUE UNIT 3
JACKSONVILLE, FL 32207

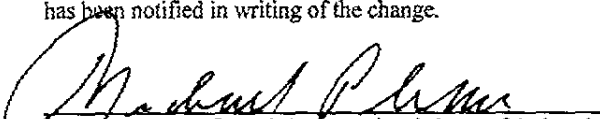
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

AGENTS AND CORPORATIONS, INC.
SUITE E
773 4TH AVENUE NORTH
NAPLES, FLORIDA 34102

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TALLAHASSEE, FLORIDA

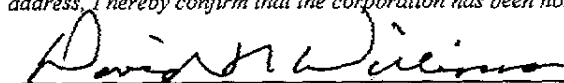
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

MICHAEL PHAN, PRESIDENT
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8-20-03
(Date)

If signing on the behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314