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OR RA

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: ANGELS NAILS INC					
(Name of Corporation)					
DOCUMENT NUMBER: P02000028437					
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:					
Y-ANH THI NGUYEN					
(Name of Contact Person)					
ANGELS NAILS INC					
(Firm/Company)					
0077 400DD DOAD, OTE 44					
6677 103RD ROAD, STE 11 (Address)					
JACKSONVILLE, FL 32210					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Y-ANH THI NGUYEN at (904) 779-9199					
Y-ANH THI NGUYEN at (904) 779-9199 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Barting Addison					
Mailing Address: Street Address: Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz r to change its registered office or registere	ed under the laws of the State of ${\sf F}$	LORIDA	-
I. The name of	the corporation: ANGELS NAILS, INC.			
2. The principal	office address: 6677 103RD ROAD, S	TE 11, JACKSONVILLE, FL 3	2210	
3. The mailing a	ddress (if different): N/A			
4. Date of incorp	poration/qualification: 3/7/2002	Document number: P020000)28437	
	street address of the current registered age timent of State:	ent and registered office on file with	the	
	HUE NGOC NGUYEN		Ž« O	
	6677 103RD ROAD, STE 11	1	LLA S DE	
	JACKSONVILLE, FL 32210		HASS	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered offic	AM 8:	
	Y-ANH THI NGUYEN		ATE NOTE	
	6677 103RD ROAD, STE 11	1	٠ يعد	
	(P.O. Box NOT acceptable) JACKSONVILLE, FL 32210			
The street addre	ess of its registered office and the street ac be identical.	Idress of the business office of its	registered agen	t,
	as authorized by resolution duly adopted to be board, or the corporation has been noting	•		
19 W	The Signification of the of an officer of an officer of dissector)	Y-ANH THI NGUYEN (Printed or typed name and titl	245	
	the appointment as registered agent and to comply with the provisions of all statute of I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	•	•	ce is e
4 An.	h Alguyer2	12/23/2005		
	nature of Régistered Agent)	(Date)	 -	
	half of an entity;			
Y-ANH THI	yped or Printed Name)	* · · · •		

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