

PD5000072660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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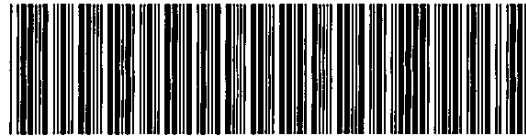
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MIRACLE NAILS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000072660

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:

CHRISTOPHER C. CATHCART, ESQ.

(Name of Contact Person)

OSSINSKY & CATHCART, P.A.

(Firm/Company)

2699 LEE ROAD - SUITE 101

(Address)

WINTER PARK, FLORIDA 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER C. CATHCART, ESQ.

(Name of Contact Person)

at ( 407 ) 629-2484

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

OSSINSKY & CATHCART

Professional Association  
Attorneys At Law

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TELEPHONE (407) 629-2484  
FACSIMILE (407) 629-4429  
[www.ossinskycathcart.com](http://www.ossinskycathcart.com)

September 17, 2007

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

Re: Miracle Nails, Inc.  
Our File No.: 1975.001

Dear Sirs:

Enclosed please find an original Amendment and one (1) copy of the Statement of Change of Registered Office or Agent or Both For Corporations along with a check in the amount of \$35.00 representing your fee to file said change. Please note we are changing the address only of the Registered Agent.

Please make said change and send the stamped "filed" copy back to my office.

Thank you very much for your cooperation on this matter.

Cordially,



Christopher C. Cathcart

CCC/dk  
Enclosures

**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: MIRACLE NAILS, INC.
2. The principal office address: 3308 Canoe Creek Road, St. Cloud, Florida, 34772
3. The mailing address (if different): 3308 Canoe Creek Road, St. Cloud, Florida, 34772
4. Date of incorporation/qualification: 4/20/05 Document number: P05000072660
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOSEPH L. NGUYEN

3638 Daydream Place

St. Cloud, Florida 34772

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

JOSEPH L. NGUYEN

3308 Canoe Creek Road

(P.O. Box NOT acceptable)

St. Cloud, Florida 34772

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.

X   
(Signature of an officer or director)

JOSEPH L. NGUYEN

(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.*

X   
(Signature of Registered Agent)

September 7, 2007

(Date)

If signing on behalf of an entity:

JOSEPH L. NGUYEN

(Typed or Printed Name)

\*\*\* 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 (8/05)

**FILED**  
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SECRETARY OF STATE  
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