

P07000006010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

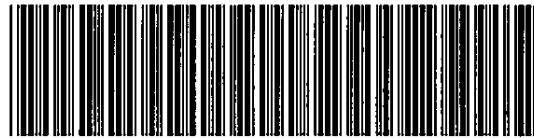
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200106155712

07/19/07--01043--019 \*\*35.00

APPROVED  
AND  
FILED

07 AUG -2 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N.C.

C. Couffette AUG 03 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A+ Nail Designs and Spa, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO7000006010

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda O'Neill  
(Name of Contact Person)

A+ Nail Design and Spa, INC  
(Firm/Company)

4138 Star Island Drive  
(Address)

Hollywood, FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda at (727) 942-3007  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2007

BRENDA ONEILL  
A+ NAIL DESIGNS AND SPA INC.  
4138 STAR ISLAND DR  
HOLIDAY, FL 34691

SUBJECT: A+ NAIL DESIGNS AND SPA INC.  
Ref. Number: P07000006010

We have received your document for A+ NAIL DESIGNS AND SPA INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 907A00046539

RECEIVED

07 AUG -2 AM 8:00

DIVISION OF CORPORATIONS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A Plus Designs and Spa, Inc

DOCUMENT NUMBER: P07000006010

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

Please return all correspondence concerning this matter to the following:

Brenda O'Neill  
(Name of Contact Person)

A Plus Nail Design and Spa, Inc  
(Firm/ Company)

4138 Star Island Dr.  
(Address)

Hollywood, FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda O'Neill at ( 727 ) 942-3007  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee  
*on file*

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

A+ Nail Designs and Spa, Inc.

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

P07000006010

(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:

**NEW CORPORATE NAME (if changing):**

A+ Nail Design and Spa, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

NONE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 AUG -2 AM 8:26

APPROVED  
AND  
FILED

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

The date of each amendment(s) adoption: 02-1-07

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

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature BONnell  
(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)

Brenda ONnell  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)

FILING FEE: \$35