P07000010368

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	Certificates	of Status
Special Instructions to	Filing Officer:	

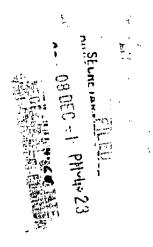




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08/22/08--01020--006 **43.75

Amns







FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 6, 2008

CUC T. VAN DIVA NAILS INC 3251 HOLLYWOOD BLVD #440 HOLLYWOOD, FL 33021

SUBJECT: DIVA NAILS INC. Ref. Number: P07000010368

We have received your document for DIVA NAILS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Director co

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 308A00052745

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DIVA NAILS INC
DOCUMENT NUMBER: PO 70	000 0368
The enclosed Articles of Amendment a	and fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
CUC T	(Name of Contact Person)
DIVA NAI	LS TNC (Firm/ Company)
3251 Ito	LLYWOOD BIVD. #440 (Address)
HOLLYWOOD For further information concerning this	(City/ State and Zip Code) matter, please call:
Luc VAN (Name of Contact Person)	at (<u>954</u>) <u>205 - 3226</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	mount:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	
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

August 26, 2008

CUC T VAN DIVA NAILS INC 3251 HOLLYWOOD BLVD #440 HOLLYWOOD, FL 33021

SUBJECT: DIVA NAILS INC. Ref. Number: P07000010368

We have received your document for DIVA NAILS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 108A00047470

SECRETARY OF STATE AND A TALLORIDA

00:8 MA 8-130 8882

GEVEDEA

Articles of Amendment to

	ticles of Incorporation of	08 pm = 56
Diva Mails	-	OR DEC-1 PM
	上り(。 rently filed with the Florida Dept. of	State)
•		
PO 7000 0 16 3 6 8	umber of Corporation (if known)	
·	• • • • •	
ursuant to the provisions of section 607.10 ollowing amendment(s) to its Articles of Income.	006, Florida Statutes, this <i>Florida Pr</i> orporation:	ofit Corporation adopts t
. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable 'incorporated" or the abbreviation "Corp., 'Co". A professional corporation nanssociation," or the abbreviation "P.A." 3. Enter new principal office address, if ap Principal office address MUST BE A STRE	" "Inc.," or Co.," or the designation me must contain the word "chart oplicable:	on "Corp," "Inc," or
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, gistered office address:	enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, gistered office address:	enter the name of the
new registered agent and/or the new reg	registered office address in Florida, gistered office address: (Florida street address)	enter the name of the
new registered agent and/or the new reg	gistered office address:	enter the name of the

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

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)

Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
(attach a	ding or adding additional Articles, endeditional sheets, if necessary). (Be specified by '- The Professory) and the second statements of the secon	ecific)	VAN der dale , Fl 33312
<u>provisi</u>	mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself:
		- 11	

Page 2 of 3

Th	e date of each amendment(s) adoption: 8/18/2008
Ef	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statements 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 shareholde action was not required.
Q	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated
	Dated
	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)
	(Typed or printed name of person signing)
	Tresiden L (Title of person signing)