# P07100016246

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
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SECRETARY OF STATE
SECRETARY OF STATE

AMEND



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2010

TIN H. PHAM PINK & WHITE NAILS & SPA INC 7306 MANATEE AVE W BRADENTON, FL 34209

SUBJECT: PINK & WHITE NAILS & SPA, INC.

Ref. Number: P07000016246

We have received your document for PINK & WHITE NAILS & SPA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The document must have original signatures.

You tailed to sign the form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 010A00018900



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORE	PORATION:	PINK & WHITE NAILS & SP	PA INC
DOCUMENT NU	OCUMENT NUMBER: P07000016246		
The enclosed Artic	eles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
		TIN H. PHAM	
		Name of Contact Person	
	PINK &	WHITE NAILS & SPA INC	
Firm/ Company			
	73	06 MANATEE AVE W	
		Address	
	BF	ADENTON, FL-34209	
		City/ State and Zip Code	
	E-mail address: (to be u	sed for future annual report notification)	
For further informa	ation concerning this matte	r, please call:	
	TIN H. PHAM	at ( 941 ) Arca Code & Daytime Te	
Name	of Contact Person	Arca Code & Daytime Te	lephone Number
Enclosed is a check	k for the following amount	made payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Amendment Division of P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

2661 Executive Center Circle

### **Articles of Amendment**

to

## Articles of Incorporation

 $\mathbf{of}$ 

•	•		
PINK & WHITE NA	AILS & SPA INC		
(Name of Corporation as currently fi	led with the Florida Dept. o	of State)	
P070000	16246		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floriamendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Pr</i>	ofit Corporation adop	ts the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "Inc," or "C	o". A professional co	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			10 SE
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	(XX)		P-2 PH 3: 45 P-2 PH 3: 45 P-2 PH 3: 45
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida office address:	a, enter the name of th	<u>ne</u>
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street address)	<del></del>	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Reg	ristared Arent.		
New Registered Agent's Signature, it changing Reg I hereby accept the appointment as registered agent.		ot 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, i	f necessary)
--------	------------	-----------	--------------

<u>Title</u>	<u>Name</u>	Address	Type of Action
VD	NINA W. NIEMANN	8510 19TH AVE NW BRADENTON, FL 34209	Add Remove
(anach de	lditional sheets, if necessary). (Be .	specific)	
provisio	nendment provides for an exchange ons for implementing the amendme of applicable, indicate N/A)	e, reclassification, or cancellation of ant if not contained in the amendme	issued shares, nt itself:

The date of each amendmen	
Effective date if applicable:	(date of adoption is required)
Enecute date in appricable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	erc approved by the shareholders through voting groups. The following statement of 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/wa action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_07/0	01/2010
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	TIN H. PHAM
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)