## P0800046400

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## **COVER LETTER**

SUBJECT:	Division o	f Corporations				
DOCUMENT NUMBER:	SUBJECT:					
The enclosed Statement of Change of Registered Office/A gent and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  NAM DAI VAN Name of Contact Person  D.K. NAILS Firm/Company  18593 NW 27th AVENUE Address  MIAMI, FL 33056 City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		Nam	e of Corporation			
NAM DAI VAN  Name of Contact Person  D.K. NAILS  Firm/Company  18593 NW 27th AVENUE  Address  MIAMI, FL 33056  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	DOCUMENT NU	MBER:	P08000046400	<u> </u>		
NAM DAI VAN Name of Contact Person  D.K. NAILS Firm/Company  18593 NW 27th AVENUE Address  MIAMI, FL 33056 City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	The enclosed State	ment of Change of Registered	Office/Agent and fee are subn	nitted for filing.		
D.K. NAILS Firm/Company  18593 NW 27th AVENUE Address  MIAMI, FL 33056 City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	Please return all co	prrespondence concerning this	matter to the following:			
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MIAMI, FL 33056 City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	18593 NW 27th AVENUE					
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			Address			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	MIAMI, FL 33056					
For further information concerning this matter, please call:		City/S	tate and Zip Code			
For further information concerning this matter, please call:						
	-	E-mail address: (to be used	for future annual report not	tification)		
NAM D. VAN  Name of Contact Person  at ( 305 ) 623-96-23  Area Code & Daytime Telephone Number	For further informa	ation concerning this matter, p	lease call:			
Name of Contact Person Area Code & Daytime Telephone Number		NAM D. VAN	at ( 305 \	623-9633		
	Nar		Area Code & Day	time Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.	Enclosed is a \$35.0	00 check made payable to the I	Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations		Amendment Section	Amendment	Section		
P.O. Box 6327 Clifton Building		•		•		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314	2661 Executi	ive Center Circle		

TO:

Amendment Section

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

	provisions of sections 607. ange is submitted for a corp		607.1508, or 617.1508, Flo d under the laws of the Stat	
in orde	er to change its registered c	office or registere	d agent, or both, in the Stat	e of Florida.
	the corporation: KY HO		<del>, , , , , , , , , , , , , , , , , , , </del>	
	office address: 18410 S			
PEMBRO	KE PINES, FL 33029	<u> </u>		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	5/8/08	Document number:	P08000046400
	d street address of the curre rtment of State: (If resigned		nt and registered office on fi	ile with the
	KY HOANG			
	18410 SW 4th STRE	EET		
	PEMBROKE PINES			***
6. The name and (if changed):	d street address of the new	registered agent (	if changed) and /or registere	09 1
	NAM D. VAN			SEE 19
,	18593 NW 27th AVE			ED MIJ FLOR
	MIAMI EL GOGG	P.O. Box NOT ac	ceptable	ATE 4
	MIAMI, FL 33056	<del></del> .		లు
The street address changed will	ess of its registered office be identical.	and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by the	as authorized by resolution the board, or the corporation	n duly adopted bon has been notif	y its board of directors or lied in writing of the chang	by an officer so e.
	re of an officer or director	<del></del> -	NAM D. VAN, Printed or typed name	e and title
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regist to comply with the provising I am familiar with and cong filed merely to reflect to be notified in writing to		igree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, T	y. d complete performance istered agent. Or, if this hereby confirm that the
yo	nature of Registered Agent		6/15/09	
_	chalf of an entity:	·	Date	
T	yped or Printed Name	<del></del>		

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