

709000006776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

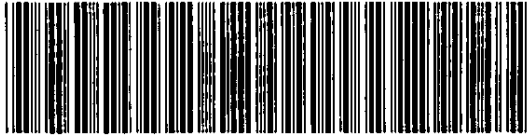
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APL  
8/3/10  
TL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ENVY ME NAIL & SPA  
Name of Corporation

**DOCUMENT NUMBER:** PO9000006776

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:

KHANH THAO HA  
Name of Contact Person

ENVY ME NAIL & SPA  
Firm/Company

4932 W. S. R. 46 Suite # 1066  
Address

SANFORD FL 32771  
City/State and Zip Code

Envy me nailspa @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KHANH THAO HA at ( 407 ) 749-9309  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2010

KHANH THAO HA  
4932 W S.R. 46 STE 1066  
SANFORD, FL 32771

SUBJECT: ENVY ME NAIL & SPA INC.  
Ref. Number: P09000006776

We have received your document for ENVY ME NAIL & SPA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have the officer or director of the corporation sign the document.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 710A00018099

RECEIVED  
2010 AUG -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ENVY ME NAIL & SPA
2. The principal office address: 4932 W. S. R. AVE Suite # 1066  
SANFORD FL 32771
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/22/2010 Document number: PO9000606776
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
NHAI TRAN  
6502 LONG BREEZE RD  
ORLANDO FL 32810

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

Lin YU JUAN  
12431 Sun Villa BLVD  
P.O. Box NOT acceptable  
ORLANDO FL 32817

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of an officer or director

NHAI TRAN  
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.

[Signature]  
Signature of Registered Agent

7/23/10  
Date

If signing on behalf of an entity:

Lin YU JUAN  
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