## P0900036086

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COPPORAT	ION:	'A INC.	
DOCUMENT NUMBER	P0900030086		
The enclosed Articles of A		bmitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
DA	NIEL P NGUYEN		
		Name of Contact Per	son
	OLGIVAN F CURREGO	Firm/ Company	
104	91 SIX MILE CYPRESS	Address	
FOI	RT MYERS, FL 33966	Address	
		City/ State and Zip C	ode
DANPKII	M@GMAIL.COM		
.,26	E-mail address: (to be us	: <sup>1</sup> -	ort notification)
For further information cor	ncerning this matter, pleas	e call:	
DANIEL P NGUYEN		404 at (	) 226-8113
Name of Co	ontact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida D	epartment of State:
\$35 Filing Fee	□\$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)
Amendm Division P.O. Box Tallahas	Address ent Section of Corporations c 6327 see, FL 32314	Ame Divi Clif 266 Tall	et Address endment Section sion of Corporations ton Building I Executive Center Circle ahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

EDEN NAIL AND SPA, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000030086 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(City)

## 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	THEM THE LAI	10234 ALLAMANDA CIR
Add			PALM BEACH GDNS, FL 33410
X Remove			
2) Change	VP	MYHANH D PHAM	3860 HOLLIDAY RD
X Add			PALM BEACH GDNS, FL 33410
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Ar al sheets, if necessary).	(Be specific)				
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provisions for	nt provides for an exc implementing the am licable, indicate N/A)	hange, reclassif	ication, or cance contained in the a	llation of issued s umendment itself	hares,	
		- <u>-</u>				
w	*******					

The date of each amendment(s) adoption:, date this document was signed.	if other than the
07/01/2016	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 06/30 2016 Signature Value	
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)	
THANH=VAN T NGUYEN	
(Typed or printed name of person signing)	
OFFICER Die-	
(Title of person signing)	<del></del>