P1000079834

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |





500207925575

06/01/11--01013--014 **70.00







June 6, 2011

HY PRUORN 5 STAR NAIL INC. 6053 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217

SUBJECT: 5 STAR NAILS INC. Ref. Number: P10000079834

We have received your document for 5 STAR NAILS INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 311A00013784



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: DOCUMENT NUMBER: | | 5 Star Nail Inc. | |
|--|--|---|---|
| | | P10000079834 | |
| The enclosed Artic | cles of Amendment and fee | are submitted for filing. | |
| Please return all co | orrespondence concerning th | is matter to the following: | |
| | | Sreypeou Poeung | |
| | 1 | Name of Contact Person | |
| | | 5 Star Nail Inc. | |
| | | Firm/ Company | |
| _ | | 053 St. Ausgustine Rd | |
| | | Address | |
| | | cksonville, FL 32217 | |
| , | (| City/ State and Zip Code | |
| | sreypeou E-mail address: (to be us | poeung@yahoo.com ed for future annual report notification) | |
| For further inform | ation concerning this matter | , please call: | |
| | | | 883-3722 |
| Name | e of Contact Person | Area Code & Daytime Te | elephone Number |
| Enclosed is a chec | k for the following amount | nade payable to the Florida Depa | rtment 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) |
| Mailing Address Amendment Section Division of Corporations | | Street Address Amendment Section Division of Corporations | |
| P.O. Box 6327 | | Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

| 5 Star Nail | Inc. |
|-------------|------|
|-------------|------|

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000079834.

| • | Autialan of Aman durant | |
|--|--|--|
| | Articles of Amendment to | Š. |
| | Articles of Incorporation | 2. 16 |
| | of | 28/1 St/21 |
| | 5 Star Nail Inc. | 1. of State) |
| | currently filed with the Florida Dep | t. of State) |
| | P10000079834. | Ser. Mille |
| | Number of Corporation (if known) | |
| | , , , | |
| nt to the provisions of section 607 ment(s) to its Articles of Incorporation | 7.1006, Florida Statutes, this <i>Florida</i> ion: | Profit Corporation adopts the follo |
| mending name, enter the new na | ma of the compositions | |
| mending name, enter the new har | ··· | |
| | N/A rain the word "corporation," "com | The new |
| | | |
| ter new mailing address, if applic | | |
| <u>ter new mailing address, if applic</u> uiling address <u>MAY BE A POST O</u> | | |
| | | |
| | | |
| niling address MAY BE A POST O | /or registered office address in Flori | ida, enter the name of the |
| uiling address <u>MAY BE A POST O</u> | /or registered office address in Flori | ida, enter the name of the |
| niling address MAY BE A POST O | /or registered office address in Flori | ida, enter the name of the |
| miling address MAY BE A POST O mending the registered agent and vegistered agent | /or registered office address in Flori | ida, enter the name of the |
| miling address MAY BE A POST O mending the registered agent and vegistered agent | /or registered office address in Flori registered office address: | |
| mending the registered agent and registered agent and registered agent and/or the new Name of New Registered Agent: | //Or registered office address in Flori registered office address: N/A (Florida street address) | |
| mending the registered agent and registered agent and registered agent and/or the new Name of New Registered Agent: | /or registered office address in Flori registered office address: | |

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------|---|--|-----------------------|
| Director | Tyler Thavy Sam | 6053 St. Auguestine Rd Jacksonville, FL 32217 | ☑ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | Add Remove |
| N/A | itional sheets, if necessary). (Be specif | | |
| | | | |
| | | | |
| <u>provisions</u> | ndment provides for an exchange, recl s for implementing the amendment if r applicable, indicate N/A) | assification, or cancellation of iss not contained in the amendment | ued shares, tself: |
| N/A | | | |
| | | | |
| | | | |
| | | | |

| · · · · · · · · · · · · · · · · · · · | 06/01/2011 |
|---|---|
| The date of each amendmen | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re 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 N/A | ·" |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_06/1 | 0/2011 |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court printed feduriors by that feduriors |
| арр | pinted fiduciary by that fiduciary) |
| | Sreypeou Poeung |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |