P10000081885

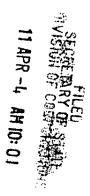
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RA Charge C.COULLIETTE APR 0.6 2011

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ECT:	Mimi Nails &	& Spa, Inc			
		Name of	Corporation			
DOC	UMENT NUMBER:	P10	0000081885			
The e	nclosed Statement of Change	of Registered Off	ice/Agent and fee a	are submitted for filing.		
Please	return all correspondence co	oncerning this matt	er to the following	;		
		_	_			
		Franklin W. S	Smith, Secretary	1		
		Name of C	Smith, Secretary ontact Person	<u></u>		
	Mimi Nails & Spa, Inc					
	Firm/Company					
			nantha Lane			
	Address					
	Valrico, Fl 33594 City/State and Zip Code					
		City/State	and Zip Code			
	hk91666@yahoo.com					
	E-mail addres	s: (to be used for	future annual rep	oort notification)		
For fu	rther information concerning	this matter, please	call:			
	Franklin W. Sı	mith	at (916	799-4514		
	Name of Contact P	erson	Area Code	799-4514 & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made p	payable to the Depa	rtment of State.			
	Mailing A	ddress:	Street	Address:		
		ent Section		dment Section		
	Division P.O. Box	of Corporations		on of Corporations n Building		
		ee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Mimi Nails & Spa, Inc. 2. The principal office address: 1921 Samantha Lane Valrico, FI 33594
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/05/2010 Document number: P10000081885
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)
Kutchins, Bryan A.
3974 Tampa Road Suite A
Oldsmar, FI 34677 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Tran Dai Tuan
Tran Dai Tuan
13147 US Highway 301
13147 US Highway 301 P.O. Box NOT acceptable Riverview FI 33569
Riverview FI 33569
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.
Franklin W. Smith, Secretary Printed or typed name and little
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.
(uandar Rece) 3/25/2011
If signing on behalf of an entity:
Tran Dai Tuan Typed or Printed Name
* * * CT! INC CEF. \$2\$ A6 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)