P10000083108

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION 89

RDM8 10 4.28.12

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LA Nail Shop Inc. Name of Corporation Registered Agent DOCUMENT NUMBER: P1 00000 83108 Address Change
DOCUMENT NUMBER: P1 00000 83108 Address Chang
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:
A A VaveZ Name of Contact Person
LA Nail Shop, Inc.
3001 Bogota Avenue
Cooper City FL 33026 City/State and Zip Code
hammatime 1 @ aol : com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A A V CV L 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

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 <u>F ()V i QQ</u> . in order to change its registered office or registered agent, or both, in the State of Florida.
	morter to change its registered office of registered agent, or both, in the state of Frontial.
	1. The name of the corporation: LA NULL STIOD, INC.
	2. The principal office address: 3001 BOQOTA AVENUE
	Cooper City FL 30026
	3. The mailing address (if different):
	4. Date of incorporation/qualification: 10/5/2010 Document number: P1 0000083108
lucaca	5. The name and street address of the current registered agent and registered office on file with the
21655 2100	Florida Department of State: (If resigned, enter resigned)
	Al Alvarez
119	2526 Johnson Street
	Hollywood FL 33020 5
	Hollyward FL Juzo
	Hollywood FL 33020 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Al Alvavez 3001 Bogota Avenue
	Al Alvarez
	3001 Bogota Avenue
	COODER CITY FL 33026
	The street address of its registered office and the street address of the business office of its registered agent
	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 of an opticer or difference AI A Varez President 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. Of, 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 of Registered agent Cold 20 20 20 20 20 20 20 2
	If signing on behalf of an entity:
	Typed on Deinted Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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