

P10000091646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C.COULLETTE
APR 06 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Big Ben Nails and Spa, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000091646

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:

Franklin W. Smith, Secretary
Name of Contact Person

Big Ben Nails and Spa, Inc.
Firm/Company

13147 US Highway 301
Address

Riverview FL 33569
City/State and Zip Code

hk91666@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franklin W. Smith at (916) 799-4514
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

**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: Big Ben Nails and Spa, Inc.
2. The principal office address: 13147 US Highway 301
Riverview, Fl. 34677
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 11/08/2010 Document number: P10000091646

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)

Kutchins, Bryan A.
3974 Tampa Road Suite A
Oldsmar, Fl 34677 US

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

Tammy Nguyen
1921 Samantha Lane
P.O. Box NOT acceptable
Valrico Fl 33494

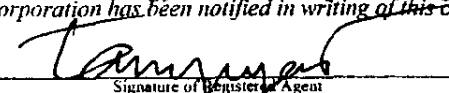
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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 officer or director

Franklin W. Smith, Secretary
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 of Registered Agent

3/25/2011
Date

If signing on behalf of an entity:

Tammy Nguyen
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
CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR - 4 AM 10:00