

P10000094220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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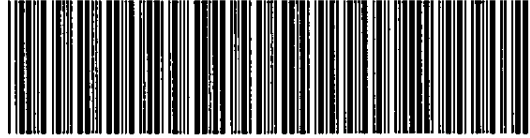
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HAPPY HAIR & NAILS COMPANY

Name of Corporation

DOCUMENT NUMBER: P10000094220

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:

KIMCHI NGUYEN

Name of Contact Person

THE HAPPY HAIR & NAILS COMPANY

Firm/Company

170 N. HOMESTEAD BLVD

Address

HOMESTEAD, FLORIDA, 33030

City/State and Zip Code

kimchinguyen1999@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMCHI NGUYEN

Name of Contact Person

at (**305**) **245-7667**

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BINH T NGUYEN, hereby resign as DIRECTOR
(Title)

of THE HAPPY HAIR & NAILS COMPANY
(Name of Corporation)

P10000094220, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314