

P110000005439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

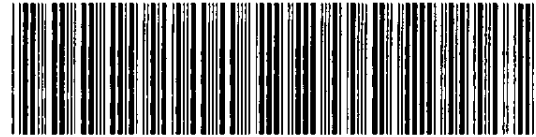
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000196671380

03/10/11--01010--022 \*\*35.00

Ro ch

FILED  
11 MAR 10 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TR 3-11-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Exotic Nails, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000005439

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:

Sandy GABRIEL  
Name of Contact Person

Exotic Nails, Inc.  
Firm/Company  
c/o Village Field Market Mall @ Northside  
7900 NW 97th Avenue, Booth Center  
Address  
C-12 & C-13

Miami, FL 33147  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandy Gabriel at (786) 370-8938  
Name of Contact Person Area Code & Daytime Telephone Number

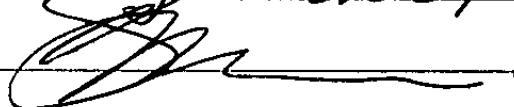
Enclosed is a \$35.00 check made payable to the Department of State.

**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

Document Number: P11000005439 03/7/11

To whom it may concern, I have made some changes with my new business address. I have enclosed a money order of \$35.00 with the "Change Application". When the changes has been entered in the system, can you please send me a new "Certified Copy" to my email: ms.sandy.gabriel@yahoo.com. So, I can print the new copies out. If have any question feel free to contact me at (766) 30-8930.

Thank You,  
Sandy Gabriel  


**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: Exotic Nails, Inc.
2. The principal office address: c/o Village Field Market Mall  
Northside Center, 7900 NW 27th Ave, Booth C-12 & C-13  
Miami, FL 33147
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1/18/2011 Document number: P11000005439

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)

Sandy Gabriel  
2063 NE 16th Street, #A  
N. Miami Beach, FL 33162

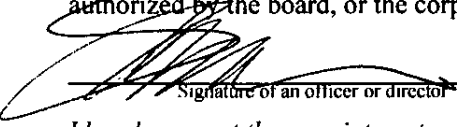
FILED  
11 MAR 10 PM 1:34  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE

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

Sandy Gabriel  
Exotic Nails Inc. c/o Village Field Market  
Northside Center P.O. Box NOT acceptable Mall  
7900 NW 27th Ave, C-12 & C-13, Miami, FL 33147

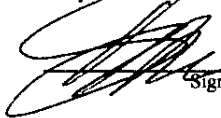
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sandy Gabriel, 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. 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

2/9/2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)