

P11000015094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

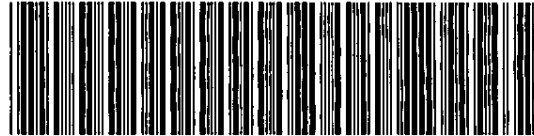
(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2014

NGHIA NGUYEN  
AVANTI SOLUTIONS  
2031 NW 40 AVE.  
COCONUT CREEK, FL 33066

SUBJECT: Q NAILS MV CORP.  
Ref. Number: P11000015094

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 214A00024605

RECEIVED  
14 DEC -5 AM 11:17  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Q NAILS MV CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P11000015094

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:

NGHIA NGUYEN  
Name of Contact Person

AVANTI SOLUTIONS  
Firm/Company

2031 NW 40 AVE  
Address

COCONUT CREEK, FL 33066  
City/State and Zip Code

mrfine00@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nghia Nguyen at 954 464-8270  
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: Q NAILS MV CORP,
2. The principal office address: 9279 SHERIDAN STREET, COOPER CITY, FL 33024
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/21/2014 Document number: P11000015094
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)

VO, MAN

9279 SHERIDAN STREET

COOPER CITY, FL 33024

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

HOANG, BAC T.

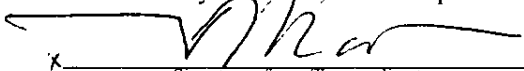
9279 SHERIDAN STREET

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33024

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.

X   
Signature of an officer or director

MAN VO

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.*

X \_\_\_\_\_  
Signature of Registered Agent

10/10/2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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