

P11000030734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

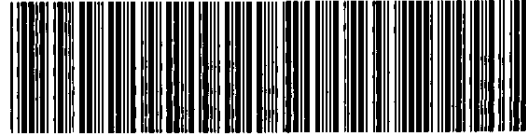
(Business Entity Name)

(Document Number)

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SECTION OF STATE  
TALLAHASSEE, FLORIDA

*2021/7/11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Paradise Spa & Nails, Inc  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Thanh-Huyen Pham  
Name of Contact Person

Paradise Spa & Nails, Inc  
Firm/Company

6179 62nd Avenue  
Address

Pinellas Park, 33781  
City/State and Zip Code

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

For further information concerning this matter, please call:

Thanh-Huyen Pham at ( 727 ) 580-7367  
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: Paradise Spa & Nails, Inc
2. The principal office address: 6179 62nd Avenue  
Pinellas Park, 33781
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/29/2011 Document number: P11000030734
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)

Sheila Dang

101 N Brand Blvd, 10th Floor

Glendale, CA 91203

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

NANCY PHAM

5780 61ST STREET N

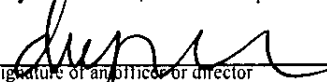
P.O. Box NOT acceptable

SAINT PETERSBURG, FL 33781

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TALLAHASSEE, FLORIDA

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

DUYEN PHAN  
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

6/29/11  
Date

If signing on behalf of an entity:

NANCY PHAM  
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)