

PI2 0000 35914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

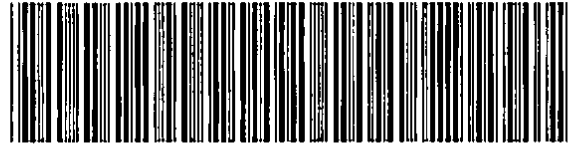
(Document Number)

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MAR 31 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2021

AMY HUYNH
919 EAST BLOOMINGDALE AVE
BRANDON, FL 33511

SUBJECT: NAIL COUNTRY & TAN SPA, INC
Ref. Number: P12000035914

We have received your document for NAIL COUNTRY & TAN SPA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 321A00003708

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: change of registered agent
Name of Corporation _____

DOCUMENT NUMBER: P12000035914

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:

Amy Huynh

Name of Contact Person

919 East Bloomingdale Avenue

Firm/Company

Address

Brandon, FL 33511

City/State and Zip Code

amyquhuynh@aol.com

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

For further information concerning this matter, please call:

Amy Huynh

Name of Contact Person

at (813) 220-7986

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Nail Country & Tan Spa, Inc.

2. The principal office address: 919 East Bloomingdale Avenue, Brandon, FL 33511

3. The mailing address (if different): none

4. Date of incorporation/qualification: 04/16/2012 Document number: P12000035914

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)

Huv Huvnh

1700 Bruce B. Downs Blvd.

Wesley Chapel, Florida 33544

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

Amy Huynh

919 East Bloomingdale Avenue

P.O. Box NOT acceptable

Brandon, FL 33511

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

Huy Huynh / 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.

Clayton
Signature of Registered Agent

01/07/21
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 (04/13)

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