P12.000058809

| (R | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | · | |
| | | i |
| | | |

Office Use Only



200268409322

01/26/15--01004--004 **35.00

2015 FEB -6 PH 2: 09

Amend 10 2/11/15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TA LAVIE NAILS & SPA INC DOCUMENT NUMBER: p 1200058809 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NICK THAO NGUYEN

Name of Contact Person TA LAVIE NAILS & SPA INC
Firm/ Company 64, E, OSCEOLA
Address KiSSIMMEE, FL 34743
City/State and Zip Code For further information concerning this matter, please call: Name of Contact Person at (407) 406-3868

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

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

is enclosed)



January 27, 2015

NICK THAO NGUYEN TA LAVIE NAILS & SPA INC 1964 E OSCEOLA PKWY KISSIMMEE, FL 34743

SUBJECT: TA LAVIE NAILS & SPA INC

Ref. Number: P12000058809

We have received your document for TA LAVIE NAILS & 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 current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 815A00001618

Articles of Amendment to

Articles of Incorporation

of

| TA LAVIE NAILS & S | PA ING | _ |
|--|--|-----------------------------|
| (Name of Corporation as currently filed with the F | lorida Dept. of State) | |
| P12000058809 | | _ |
| (Document Number of Corporation (i | if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following | ng amendment(s) |
| A. If amending name, enter the new name of the corporation: | | |
| | | The new |
| name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation | 'Co". A professional corporation name must | tbbreviation contain the |
| B. Enter new principal office address, if applicable: | NICK THAO NGUYEN | J |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 1964, E OSCEOLA Kisimmee, FL.31 | |
| | V'C: MANAGE = 1 - 21 | - :47 W Z |
| | M STITULE, FO.) | 4177 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mailing data cas MATI DE ATTOST OF THE BOA) | | _ |
| | | _ |
| | | |
| D. If amending the registered agent and/or registered office add | | 91V ³¹ |
| new registered agent and/or the new registered office address | <u>s:</u> | 833 K |
| Name of New Registered Agent | | B (17) |
| | | ට දුද්දි |
| (Florida st | reet address) | PH |
| New Registered Office Address: | , Florida (Zip Code) | · 2:0 着 |
| (City, | (Zip Code) | 9 |
| | | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar | t: with and accept the obligations of the position. | |
| Signature of New Registered | Agast if changing | |
| Signature of New Registered | ngeni, ij chunging | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treusurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: | , una ban | y Smith, Sr as an Ada. | |
|------------------------------|--------------|------------------------|--|
| X Change | <u>PT</u> | John Doc | |
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | HAI-TAM NHAT HO | SING LAVAL DR ORLANDO, = L, 32839 |
| Remove 2) Change Add | | NICK THAO NGUYEN | 1964 F, OSCEOLA PKW. Kisimmer, FL.34743 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change | | <u> </u> | |
| Remove 6) Change Add Remove | | | |
| Kemove | | | |

| Attach <i>addit</i> | ional sheets, if nece | ssary). (Be specifi | (c) | | |
|---------------------|--|--|---|--|--------|
| | | | | | |
| | | ······································ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | . | | | *** | |
| | | | | | |
| | | | | | |
| | | | | | |
| | • | | | | |
| , , , | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> | , | |
| | | | | | |
| | | | - | | |
| | | | <u> </u> | | |
| | | | | | |
| · ········ | | | <u> </u> | | |
| | | | | | |
| provisions | for implementing tapplicable, indicate | <u>the amendment if n</u> | ssification, or can ot contained in th | cellation of issued s ne amendment itself | hares, |
| | | | | | |
| | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) adoption: 02 - 03 - 2015 date this document was signed. | , if other than the |
|--|---------------------|
| Effective date if applicable:02_03_2015 | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 02 - 03 - 2015 | |
| Signature Nieky | |
| (By a director, president or other officer – if directors or officers have not been | |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| NICK THAO NGUYEN | |
| (Typed or printed name of person signing) | |
| OWNER | |
| (Title of person signing) | |