

P13000011110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

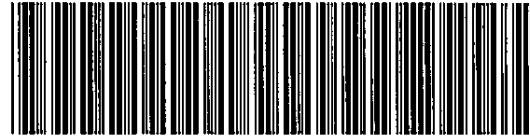
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: CoCo Nail Inc  
Name of Corporation

DOCUMENT NUMBER: P13000011110

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:

Li, Xiu Zhen  
Name of Contact Person

CoCo Nail Inc  
Firm/Company

621 Eagle view CIR  
Address

Tallahassee, FL 32311  
City/State and Zip Code

Cksea CPA@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xiu Zhen Li at 850, 224-3100  
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

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TALLAHASSEE, FL  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2014

COCO NAIL, INC.  
3551 BLAIRSTONE ROAD  
TALLAHASSEE, FL 32301

SUBJECT: COCO NAIL INC  
Ref. Number: P13000011110

I have emailed the company at the last known email address that we had (please see the attached) but I have not received a response so I am sending this letter to you in hopes that you will get this to the proper person. We must have a Florida street address for the registered agent. The address that you have given us is not a Florida address it is a Carlstadt, NJ address. If we can't get this corrected we will have to dissolve the corporation for failure to maintain a registered agent in Florida.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 914A00017935

RECEIVED

14 SEP -2 PM 12:05

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

**Cushing, Diane**

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**From:** Cushing, Diane  
**Sent:** Tuesday, May 13, 2014 12:57 PM  
**To:** 'CKSEACPA@YAHOO.COM'  
**Subject:** COCO NAIL INC

Back in January our office filed the articles of incorporation for this entity but it wasn't filed properly. Then the annual report was filed in March of this year and it still isn't correct. The problem is the registered agent's address. It states that it is Carlstadt, FL and there is not a City in Florida by that name. The Zip Code indicates that it is Carlstadt, NJ. Please give us a good Florida Street address that can be used so that the corporation will meet the Florida Statutes or we will have to cancel the filing.

We would like to get this taken care of as soon as possible please.

*Diane C. Cushing*  
Senior Section Administrator  
Amendment Section  
Division of Corporations  
(850) 245-6913  
(850) 245-6013 (Fax)

# 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: CoCo Nail Inc.  
 2. The principal office address: 3551 Blairstone Road  
Tallahassee, FL 32301  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/04/2013 Document number: P1300001110

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)

Xiu Zhen Li  
411 Hackensack Street  
Carlsbad, FL 07072

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

Xiu Zhen Li  
621 Eagle View Cir.  
P.O. Box NOT acceptable  
Tallahassee, FL 32311

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]  
 Signature of an officer or director

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]  
 Signature of Registered Agent

08/27/14  
 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  
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