P13000085318

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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: SEMINOLE BER: P1300008531		NC.	
	of Amendment and fee are sul			
Please return all corre	spondence concerning this mat	ter to the following:		
•	MICHELLE ZHAN	NG		
		Name of Contact Person	1	
	ZHENZHONG AC	CCOUNTING US	SA LLC	
		Firm/ Company		
	136 BOWERY ST	ΓE 203		
		Address		
	NEW YORK, NY	10013		
		City/ State and Zip Code	•	
MI	CHELLE@ZZAUS	A.COM		
		ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
MICHELLE ZHANG at (212) 334-5169				
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

2014 JAN 27 PM 4: 09 SEMINOLE NAIL SALON INC. (Name of Corporation as currently filed with the Florida Dept. of State) THE WALL OF STATE TALL AHASSEE, FLORIDA P13000085318 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NEW SUNNY NAILS & SPA INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1954 3RD ST. S B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE BEACH, FL 32250 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

New Registered Agent's Signature, if changing Registered Agent:

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 = Treasurer; 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 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: 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>	Address
1) Change	-		
Add			
Remove			
2) Change			
Add	<u></u>		
Remove			
3) Change			
Add			Provided Pro
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	ng or adding a ditional sheets,	if necessary).	(Be specific,)			
		- No. 10	•	. 10 10		** "	
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If an ame	ndment provic	des for an excl	ange, reclass	ification, or ca	ncellation of iss	ued shares,	
provision	<mark>ns for impleme</mark> ot applicable, in	enting the ame	ndment if not	contained in t	he amendment	<u>itself:</u>	
(ij no	н аррисате, н	uncare IVA)					
					. <u></u>		
							
<u>.</u>							
	-				. •		

	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : 01/20/2014	_
(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)	
(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_01/20/2014	·
Signature × Q' \ \	
(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)	-
QLLI	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	