P14600022382

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

ROYAL DAY SPA AND NAILS, INC.

Name of Corporation

P14000022382

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:

HIEU LE, EA

Name of Contact Person

HIEU LE & ASSOCIATES

Firm/Company

5085 BUFORD HWY NE

DORAVILLE, GA 30340-1102

City/State and Zip Code Code

hle@hieuletax.com

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

For further information concerning this matter, please call:

HIEU LE

Name of Contact Person

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: ROYAL DAY SPA & NAILS, INC.	
1. The name of the corporation.	
2. The principal office address: 99 ROYAL PALM POINTE VERO BEACH, FL 32960	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/11/2014 Document number: P14000022382	
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)	
HELEN AI TRAN	
1216 E. COLONIAL DRIVE, SUITE 10	
ORLANDO, FL 32803	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CORRECT ADDRESS OF REGISTERED OFFICE:	
99 ROYAL PALM POINTE	
P.O. Box NOT acceptable VERO BEACH, FL 32960	
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.	
HELEN AI TRAN, 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.	
Signature of Registered Agent 03-27-2017	
If signing on behalf of an entity:	
Typed or Printed Name * * * FILENCEFEF: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314