

PI4000025790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

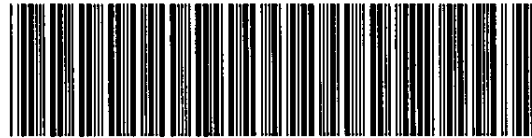
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

Ra Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AV Nail Spa Plantation Inc

Name of Corporation

DOCUMENT NUMBER: P14000025790

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:

Kelly Wherley

Name of Contact Person

AV Nail Spa Plantation

Firm/Company

8151 W. Sunrise Blvd

Address

Plantation FL 33322

City/State and Zip Code

kellyw@anthonyvincenailspa.com

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

For further information concerning this matter, please call:

Kelly Wherley

Name of Contact Person

at (330) 4479623

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

**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: AV Nail Spa Plantation Inc
2. The principal office address: 8151 W. Sunrise Blvd Plantation FL 33322
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/20/2014 Document number: P14000025790
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)

Vinh Ho

504 N. Pine Island Rd

Plantation FL 33324

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

Michael Lam

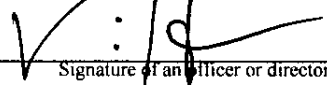
504 N. Pine Island Rd.

P.O. Box NOT acceptable

Plantation FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

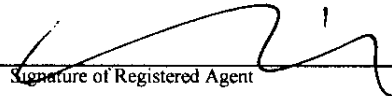
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Vinh Ho

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

5/28/2014

Date

If signing on behalf of an entity:

Michael Lam

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 (03/12)