P14000045261

(Request	or's Name)
(Address)
(Address	
(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AB NAIL SPA INC			
DOCUMENT NUMB	P14000045261		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	•
	ROBERT DANG		
-		Name of Contact Persor	1
	AB NAIL SPA INC		
-		Firm/ Company	-
	3207 CURRY FORD RD		
•		Address	
	ORLANDO, FL 32806		
-		City/ State and Zip Code	2
ROBE	ERTDANG1959@YAHOO.C	COM	
	_	ed for future annual report	notification)
	concerning this matter, pleas		004.1717
ROBERT DANG		at (<u>407</u>	_) 894-1717
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, F1, 32301

Articles of Amendment

۸.	to Articles of Incorp	oration			
ABI	1011 of	DA.	INC		
(Name of Corpor	ation as currently fi	ed with the F	lorida Dept. of Stat	<u>e</u>)	
P	1400000	5210	1		
(Doc	cument Number of Co	rporation (if k	nown)		
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	rida Statutes, this <i>Flo</i> a	rida Profit Cor	poration adopts the	following amendmen	nt(s) to
A. If amending name, enter the new name of the	corporation:				
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co"	. A professio	or "incorporated" nal corporation nat	The new or the abbreviation me must contain the	
B. Enter new principal office address, if applica	ble:				
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)				
	_				
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)			التين الآت (الجنيس	
(_				
	-				264 254-50
	-			- 5	100
D. If amending the registered agent and/or regis		in Florida, en	ter the name of the	9 PH 2: 04	\$6.7) 24 (44.7)
new registered agent and/or the new register	ed office address:			2	100.00
Name of New Registered Agent					. IP
				•	
	(Florida street d	ddress)			
New Registered Office Address:			, Florida		
	(Cit	v)		(Zip Code)	
New Registered Agent's Signature, if changing R	Registered Agent:				
I hereby accept the appointment as registered agent	t. I am familiar with	and accept the	obligations of the p	position.	
Si	gnature of New Regis	tered Agent, if	changing		

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 <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: X Change	<u>PT</u>	John Doe	
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	VP	AMY TRAN	3207 CURRY FORD RD
X Add			ORLANDO, FL 32806
Remove			·
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	-
an amandment provides for an exch	nomes medical Gastier and annual Hating of Control
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more-than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	<u> </u>
•	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
JULY 10 2 Dated	015
Signature (By a di	rector, president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	ROBERT DANG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)