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TALLAHASSEE, FLORIDA

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COVER_LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION: NAIL BOUTIQUE	ONE COMPANY	
DOCUMENT NUMBE	D15000037093		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
T	HANH LE		
_		Name of Contact Person	1
N	AIL BOUTIQUE ONE CO	MPANY	
		Firm/ Company	
52	220 HWY 1 STE 103		
		Address	
v	ERO BEACH, FL 32967		
		City/ State and Zip Code	
VAN48	72@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
THANH LE		at (3940656
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	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)
Ameno Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NAIL BOUTIQUE ONE COMPANY

(Name	of Corporation as current	y filed with the Florida Dept. of State)
P15000027082		·
,	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp " "Inc," or	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
D. F. A	·e 1: 11	N/A
B. Enter new principal office address, (Principal office address MUST BE A.S.	IT applicable: TREET ADDRESS)	
	, , , , , , , , , , , , , , , , , , , ,	
_		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A FASS SS
(Framing dualess MITT BE ITTOSK	OTTICE BOX	
		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		SSE
D. Iferra de la	1/ 1/ 1/ 1/09 11	
D. If amending the registered agent ar new registered agent and/or the ne		- Process Process
	THANH LE	TE OF
Name of New Registered Agent	5200 LINES (CTT 102	
	5220 HWY 1 STE 103	
		reet address)
New Registered Office Address:	VERO BEACH	, Florida
		(City) (Zip Code)
		·
New Registered Agent's Signature, if a		: with and accept the obligations of the position.
i nereby accept the appointment as regis	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	with and accept the bougations of the position.
		1
	Meerl	
	Signature of New I	Registered 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 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	P	VIET M HUYNH	5220 HWY 1 STE 103
Add			VERO BEACH, FL 32967
Remove			
2) X Change	P	THANH LE	5220 HWY 1 STE 103
Add			VERO BEACH, FL 32967
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		 	
Add			
Remove			

. <u>If a</u> (Ațta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
N/A	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
	•
¥6 -	
<u>ira</u> <u>pr</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
i/A	(if not applicable, indicate N/A)
1/A	
<u> </u>	

	(s) adoption:	, if other than the
date this document was signed. Effective date if applicable:	11/06/2015	
Tuppheusie.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this one Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment re sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following statend for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	e adopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
11/06/	22015	
Dated		
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	THANH LE	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)