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C. C. HOTO IS

NAME OF CORPORATION: Absolute Nail Solon INC
DOCUMENT NUMBER: 2150000 97249
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HOANG TRAN Name of Contact Person
Absolute Nail Salon INC
Firm/ Company
13750 W Colonial Dr Ste 280
Address
Winter Garden + 1 24+8+
City/ State and Zip Code
ximuoi 1211 (a) vahoo, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DOAN VO 31 (HUT) 233 - 9798
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

to Articles of Incorporation

Absolute Nhill S	olon This			•
(Name of Corn	oration as currently filed w	ith the Florida Dept. of State)		
L15000 0 97	2/10	13.0%		
(D	Occument Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this <i>Florida</i> I	Profit Corporation adopts the fo	llowing amendme	nt(s) to
A. If amending name, enter the new name of t	the cornoration:	· ''		
	- Control of the Cont			•
name must be distinguishable and contain the	I (((* 1) ((" " " " " " "	The new	
"Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	r the abbreviation "P.A." cable:	professional corporation name	must contain the	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)		73	
D. If amending the registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent		orida, enter the name of the		e de
	(Florida street addres	s) .	••	
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with and a		ition.	
	Signature of New Registered	Agent, if changing		

(Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO held. President, Treasures Changes should be noted a change, Mike Jones lea	and/or Director being added: if necessary) rector title by the first letter of the office title: President; T= Treasurer; S= Secretary; D= Director; TR= Tru= Chief Financial Officer. If an officer/director holds more the property of the following manner. Currently John Doe is listed as the Property the corporation, Sally Smith is named the V and S. These shall and Sally Smith, SV as an Add.	an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
<u>X</u> Change	PT John Doe Wang " white it is	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	e in the same of t
Type of Action (Check One)	Title Name	Address
1) Change	1 Navyer Thu M	12824 Keddlestone Ln., Winter Garden, FL 3478
Add		Winter Garden, FL 3478
Remove		
2) Change	L DOAN VO	2508 Laurel blossom Gr.
✓_ Add		Ocore, FL 34761
Remove		
3)Change	··	
Add	and the second of the second o	The New York of the State of th
Remove	n	<u> </u>
4) Change	<u> </u>	-
Add	the Control of the Co	
Remove		
5) Change	· · · · · · · · · · · · · · · · · · ·	
Add		
Remove		
6) Change		
Add		
Remove		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Attach additional she	ets, if necessary)	. (Be specific)						
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f an amendment proprovisions for imple	menting the am	endment if not co	ntained in th	e amendm	ent itself:	ires,		
provisions for imple (if not applicable	e, indicate N/A)	· · · · · · · · · · · · · · · · · · ·						
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The date of each amendme date this document was signed		90K	if other t	han th
Effective date if applicable	1018012	016		· · · · ·
	(no more than 90	days after amendment file do	nte)	
	this block does not meet the applicate the Department of State's records.	ble statutory, filing requireme	ents, this date will not be listed	i as th
Adoption of Amendment(s	(CHECK ONE)	•	•	
The amendment(s) was/w by the shareholders was/	re adopted by the shareholders. The neere sufficient for approval.	number of votes cast for the a	mendment(s)	
	re approved by the shareholders through the for each voting group entitled to vo			
"The number of voi	s cast for the amendment(s) was/were	sufficient for approval		
by		*		٠
· · · · · · · · · · · · · · · · · · ·	(voting group)	·		
action was not required.	re adopted by the board of directors w			
Dated	0 11/03/2016			
Signature	Julian	- · · · · · · · · · · · · · · · · · · ·		
	By a director, president or other officer elected, by an incorporator – if in the happointed fiduciary by that fiduciary)			
	(Typed or printed na	me of person signing)	The state of the second of the	
		L		
	(Title of	person signing)		