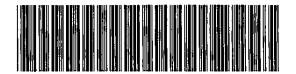
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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	· #)	
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(Ві	ısiness Entity Nan	ne)	
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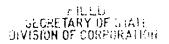
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	NAIL SPA PORT CHARLOTTE INC					
DOCUMENT NUMBER:	P16000048878					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
LOC THAI,	LOC THAI, CPA					
	Name of Contact Person					
LOC THAI	LOC THAI CPA, PC					
	Firm/ Company					
4897 BUFO	RD HWY STE 222					
	Address					
ATLANTA	GA 30341-3669					
	City/ State and Zip Code					
LOCTHAICPA@	MAIL.COM					
E-mail	ddress: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
LOC THAI, CPA	at () 696-1189					
Name of Contact Po	son Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	S Filing Fee & Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	rations Division of Corporations Clifton Building					

Articles of Amendment to Articles of Incorporation of



NAIL SPA PORT CHARLOTTE INC

2016 JUL -5 AM 9: 29

16000048878 ursuant to the provisions of section 607.100		
ursuant to the provisions of section 607.100		
ursuant to the provisions of section 607.100	(Document Number of	Corporation (if known)
Articles of Incorporation:	06, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s
. <u>If amending name, enter the new name</u> /A	of the corporation:	
	on "Corp," "Inc," or "C	The new now now new new new new new new new new new ne
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19100 MURDOCK CIR
		PT CHARLOTTE, FL 33948
		19100 MURDOCK CIR
		PT CHARLOTTE, FL 33948
. If amending the registered agent and/o new registered agent and/or the new re		
Name of New Registered Agent	ONG NGUYEN	
	105 CLINGMAN AVE	
	(Florida stre	vet address)
New Registered Office Address:	ORT CHARLOTTE	. Florida ³³⁹⁵⁴
THE THE RESERVE CONTROL THE COS.	((City) (Zip Code)

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.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
X Change	VS	NGUYEN, ANH Q	5521 BURNT BRANCH CIR
Add			SARASOTA, FL 34232
Remove			
2) Change	PT	NGUYEN, TONG	17105 CLINGMAN AVE
X Add			PORT CHARLOTTE, FL 33954
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(hongo			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Atlach additional sheets, if necessary). (Be specific)	
N/A	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancella	ion of issued shares,
provisions for implementing the amendment if not contained in the am (if not applicable, indicate N/A)	endment itself:
N/A	
IV/A	

	06/25/2016	
The date of each amendment		, if other than the
date this document was signed		SECRETARY OF STATE
Effective date <u>if applicable</u> :	06/25/2016	HVISION OF CORPORATION
инесиче часе <u>и аррисаоне</u> .	(no more than 90 days after amendment file date)	2016 JUL -5 AM 9: 29
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amenda ere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following steed for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
bv	,,,	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and share re adopted by the incorporators without shareholder action and sharehold	
Dated	6-27-16	
Signature _		
So	By a director, president or other officer — if directors or officers have not elected, by an incorporator — if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	
	TONG NGUYEN	
	(Typed or printed name of person signing)	
	PT (President, Treasurer)	
	(Title of person signing)	