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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: \_\_\_\_ TO NAILS SALON INC. DOCUMENT NUMBER: P17000056014 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TUYEN DAO Name of Contact Person TD NAILS SALON INC Firm/ Company 600 W MAIN ST Address LEESBURG FL 34748 City/ State and Zip Code TUYENDAO69@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **TUYEN DAO** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TD NAILS SALON, INC		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P17000056014		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendi	ment(s) to
A. If amending name, enter the new name of the corporation:		
	The ne	23P
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the obbreviation "P.4"	abbreviatie	on
B. 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)	# 40 	18 NO
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	10 To	V-5 PH
Name of New Registered Agent	,.	三 
(Florida street address)	- 37	<b>20</b>
New Registered Office Address: , Florida		
(City) (Ziq	v Code)	•
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	I.	
/ Signature of New 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: <u>X</u> Change	PT Jo	<u>hn Doe</u>	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	LAN THI PHUONG HA	600 W MAIN ST
X Add			LEESBURG FL 34748
Remove			
2) Change	<del></del>		
Add			
Remove			
3 ) Change			-
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amend</u> Attach <i>ac</i>	ling or addi dditional she	ng additiona ets, if necessi	Articles, er 1ry). (Be s <sub>i</sub>	iter chai pecific)	ige(s) here	2:			
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11/04/2018
The date of each amendment(s) adoption:
date this document was signed.
01/01/2019
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
11/04/2018
Dated
Signature (VAIMILA (MI)
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
TUYEN DAO
(Typed or printed name of person signing)
(1) ped of printed finite of person signing)
PREVIOUS OWNER OF TO NAILS SALON INC.
(Title of person signing)