P170000 56014

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TD NAILS SALO	N INC.	
DOCUMENT NUM	BER: P17000056014		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	ntter to the following:	
	TINA VAN		
	<u> </u>	Name of Contact Person	n
	TD NAILS SALON INC		
	·	Firm/ Company	
	600 W MAIN ST	. ,	
		Address	
	LEESBURG FL 34748		
		City/ State and Zip Cod	e
TIN	AVAN318@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
TINA VAN		352 at (561-6248
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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	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. ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the follow	ing amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
	ation "Corp." "Inc." or "C	," "company," or "incorporated" or the To". A professional corporation name mus	
B. Enter new principal office address,			
Principal office address <u>MUST BE A S</u>	IKEET AUDKESS)		<u> </u>
			· .
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			Ç
(Muning address MAT BE, A FOST)	OFFICE BOX		
			ं ह
			 ————
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	TINA VAN		
	1707 W MAIN ST		
	(Florida stre	et address)	
N D 1 1/26 11	LEESBURG Classes 347-		
New Registered Office Address:		, Florida, Zij	o Code)
New Registered Agent's Signature, if c			
nereny accept the appointment as regist	erea agent i am jamiliar w	ith and accept the obligations of the position	',
	, ,		
	ila	U /	
	Signature of New Re	visiered 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P/D	DAO, TUYEN M	600 W MAIN ST
Add			LEESBURG FL 34748
Remove			
2) Change	P/D	VAN, TINA	600 W MAIN ST
$\frac{X}{X}$ Add			LEESBURG FL 34748
Remove			
3) Change	P/D	DAO, TUYEN M	600 W MAIN ST
Add			LEESBURG FL 34748
X Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	neets, if necessary).	(Be specific)			
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			<u> </u>		
an amendment p	rovides for an excl	hange, reclassifica	tion, or cancellatio	on of issued shares,	
tif not applica	olementing the amo ble, indicate N/A)	enament it not cor	itained in the amer	iament itseit:	
(ij ma ujajaicu	ne, marcare will				

The day of each amendment/a)	9/06/2020 donting:	, if other than the
The date of each amendment(s) a date this document was signed.	doption:	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
9/06/2020	^	
select	director, president or other officer – if directors or officers have not beer ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
ирроп		
	TUYEN DAO	
	(Typed or printed name of person signing)	
	PREVIOUS OWNER OF TO NAILS SALON INC.	
	(Title of person signing)	

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