# PITOCOCTOICZ

(Re	equestor's Name)	
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Amend

DEC 1 8 2017
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	WILES NAILS & SPA, INC.			
DOCUMENT NUMBER:	P17000070102			
The enclosed Articles of Amenda	tent and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
	NGAN THI THANH NGUYEN			
	Name of Contact Person			
WILES NAILS & SPA, INC.				
-	Firm/ Company			
8034 WILES RD.				
Address				
CORAL SPRINGS, FL 33067				
	City/ State and Zip Code			
	bymepa@myacc.net			
E-ma	address: (to be used for future annual report notification)			
For further information concerning	AN 954 575-2544			
Name of Contact	at ()			
	ing amount made payable to the Florida Department of State:			
	75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ifficate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Addre Amendment Se Division of Cot P.O. Box 6327 Tallahassee, FI	tion Amendment Section porations Division of Corporations Clifton Building			

# **Articles of Amendment** Articles of Incorporation οť

WILES NAILS & SPA, INC.

### (Name of Corporation as currently filed with the Florida Dept. of State)

P17000070102		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ng amendmer	nt(s)
A. If amending name, enter the new name of the corporation:		
	The new	
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 abbreviation "P.A,"	abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Fatanana and San Jan San Ja		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	1103	
₩+3.15 TEP #11	DEC	<u> </u>
D. If wording the project of the state of th	<u> </u>	
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:	翌日	7
Name of New Registered Agent Signature Signatu	_ <del></del> _	フ
er e	2	
(Florida street address)	_	
New Registered Office Address:		
(Zi <sub>I</sub> )	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.		
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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> 1,4</u>	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally S	mith_		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	Р	_	TRAN THI HUYEN NGUYEN	8034 WILES RD.	
Add				CORAL SPRINGS, FL 33067	
X Remove					
2) X Change	P		NGAN THI THANH NGUYEN	8034 WILES RD.	
Add				CORAL SPRINGS, FL 33067	
Remove					
3 ) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
_	
<del></del>	
- <b>n-</b>	
If an amendment provides for an exchange provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	DECEMBER 4, 2017	
	(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	DECEMBER 4, 2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date was Department of State's records.	ill 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(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	04/2017	
Dated		
Signature	$\times \sim \mathcal{U}_{-}$	
	v a director, president or other officer – if directors or officers have not been	<del></del> .
The state of the s	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
ар	pointed fiduciary by that fiduciary)	
	NGAN THI THANH NGUYEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	