P17000099110

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KELLY NAILS B	Y QUANG, INC	
DOCUMENT NUMB	P17000099110		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ļ.	FRANKLIN LY		
-		Name of Contact Person	
i	FRANKLIN ACCOUNTING	G & TAX, LLC	
-		Firm/ Company	
4	4864 JIMMY CARTER BLV	/D., STE #207	
-		Address	
1	NORCROSS, GA 30093		
-		City/ State and Zip Code	
frankli	n@franklintaxpro.com		
	•	sed for future annual report i	notification)
		·	
For further information	concerning this matter, pleas	se call:	
FRANKLIN LY		770 at (789-5198
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KELLY NAILS BY QUANG, INC

(Name of Corporation as currently	y filed with the Florida Dept. of State)		
P17000099110			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
C. Enter new mailing address, if applicable:		J.A.	77
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- [-
		[]]	· (***)
D. If amending the registered agent and/or registered office addr		37 NIDA	
new registered agent and/or the new registered office address:	<u> </u>		
Name of New Registered Agent			
(Florida stre	and a Life was		
(Fioriaa Nie	et adaressy		
New Registered Office Address:	, Florida (City)	(Zip Code)	
	• • •	, ,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w		sition.	
Signature of New R.	egistered 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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	FRANKLIN LY	140 KIMBERLY ANN DR
Add			SANTA ROSA BEACH, FL 32459
X Remove			
2) Change	P	QUANG CU	140 KIMBERBY ANN DR
$\frac{X}{X}$ Add			SANTA ROSA BEACH, FL 32459
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			=
Remove			

· · · · · · · · · · · · · · · · · · ·	(Be specific)
·	
	
	
	
·····	
f an amandment provides for an eyek	hange, reclassification, or cancellation of issued shares,
nrovisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the ante-	
(if not applicable, indicate N/A)	

	01/10/2018	
The date of each amendment(s) a late this document was signed.	doption:	, if other than t
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
01/10/2018		
Dated	Tenso	
Signature		
(By a d	lirector, president or other officer - if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
At L. S	FRANKLIN LY	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	