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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: J SUNLIGHT NA	IL SUPPLY INC		
	1BER: P18000001425			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	JAMES LIAO			
	Name of Contact Person			
	J SUNLIGHT NAIL SUPPL			
	Firm/ Company			
	1401 E. COLONIAL DR.			
	Address			
	ORLANDO, FL 32803			
	_	City/ State and Zip Code	e	
	csunlight8@yahoo.com			
		sed for future annual report	notification)	
For further informati James Liao	on concerning this matter, pleas		73 842-8008	
	0.65 D	at (	73) 842-8008	
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section			Address Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

J SUNLIGHT NAIL SUPPLY INC				
(Name o	of Corporation as currently	y filed with the Florida D	ept. of State)	
P18000001425			_	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	r adopts the following a	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			7	he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	Corp." "Inc." or "Co"	1 professional corporation	ed" or the abbreviation	"Corp., "
B. Enter new principal office address,	if annlicable	N/A		
(Principal office address MUST BE A S				
				<del></del>
		***		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
		<u> </u>		; •
			<u> </u>	
D. If amending the registered agent ar			name of the	ι΄,
new registered agent and/or the new		<u>s:</u>		ب
Name of New Registered Agent	N/A			
	(Florida st	reet address)		
New Registered Office Address:	N/A		. Florida	
		(City)	(Zip Cod	le)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar	<u>v:</u> with and accept the obligat	tions of the position.	
, , , , , , , , , , , , , , , , , , , ,		,		
	(2) (3.41 )	) and the same of the same		
	Signature of New F	Registered Agent, if changir	ıg	
Check if applicable				

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	HANH CHUNG	2363 ALAQUA DR.
X Add			LONGWOOD, FL 32779
Remove	D	BRANDON LIAO	2363 ALAQUA DR.
2) Change X Add		DRANDON BIAO	LONGWOOD, FL 32779
Remove 3) Change	S	TUAN CHUNG	
X Add			1533 HEIGHTS LN
Remove			LONGWOOD, FL 32750
4) Change			- : 
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	•
	<del></del>
	-
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	;
	· <u> </u>

775	5/1/2024	· (C I I
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del>-</del>	1/2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	Imm &	,
(By a	director, president or other officer – if directors or officers have not beed ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	JAMES LIAO	
	(Typed or printed name of person signing)	
	PRESIDENT	'. ^ \
	(Title of person signing)	