P18000065935

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: <u>LUCKY DIVO NAME of Corporation</u> SINC.			
DOCUMENT NUMBER: <u>P18000065935</u>			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DAVID HIEU PHAM Name of Contact Person			
LUCKY DIVO NOILS INC.			
5558 W. OAKLAND PARK BLUD			
Lauderhill , FL 33313			
David hien 2006 Dyahoo. Com. Vn E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
PAULO HIEU PHAM at (786,354208) Name of Contact Person at (786,354208) Area Code & Daytime Telephone Number			
Enclosed is a \$35,00 check made payable to the Department of State.			

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>LUCKY PIVO NAILS INC.</u>
2. The principal office address: 5558 W. aakland -park BLUD
3. The mailing address (if different):
4. Date of incorporation qualification: _07/_3/ \(\sum_{20}(8)\) ocument number: \(\begin{align*} P \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
PHAM, HIEN
5558 W.OAKLAND PARK BIVD
Lauderhill, FL 33313 F 30
(if changed):
PHAM, DAVID HIEN
5558 WOAKIAND PARK BLVD
Laudenhill, FL 33313
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Daylor Of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am tamiliar with and accept the obligation of my position as registered agent. Or, it this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Daugher - 01/25/19 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHI CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAFLAHASSEL, TE 32314
CR2F045 (03-12)

* * * FILING FEE: \$35.00 * * *