P18000046532

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	ľ
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CHESPA NAILS I	NC		
DOCUMENT NUM	D19000094532			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	HOA LE			
	-	Name of Contact Person	1	
	CHI SPA NAILS INC			
		Firm/ Company		
	207 TOWNE CENTER BLV	T		
		Address		
	SANFORD FL 32771			
		City/ State and Zip Cod	e	
	CHISPANAILS@GMAIL.C	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
HOA LE		at (732-6189	
Name of Contact Person		at (407) 732-6189 Area Code & Daytime Telephone Number		nbër 🔂
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	9 1:0:59
	ailing Address		Address Iment Section	
	nendment Section vision of Corporations	Ameno Divisio		
	D. Box 6327		entre of Tallahassee	
Ta	llahassee, FL 32314		N. Monroe Street, Suite 810)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CHI SPA NAILS INC			
(Name of Corp	oration as currently filed with the Florida Dept. of State)		
P18000086532			_
(D	Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the fol	llowing a	mendment(s) (
A. If amending name, enter the new name of	the corporation:		
		Ti	he new
	rd "corporation," "company," or "incorporated" or the abbre "Inc," or "Co". A professional corporation name must a abbreviation "P.A."		
B. Enter new principal office address, if appli			
(Principal office address <u>MUST BE A STREET</u>	'ADDRESS')		
	- "		
	-		<u> </u>
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
			
			2
			
	gistered office address in Florida, enter the name of the	,	<u> </u>
new registered agent and/or the new regist	ered office address:	•	
Name of New Registered Agent			. .
			777
	(Florida street address)	-	çş'
V D : 100 411		ı	cn G
<u>New Registered Office Address:</u>	, Florida,	(Zip Code	
	· sy,	(Tap C va	•
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered ago	ent. I am familiar with and accept the obligations of the posi	ition.	
	Signature of New Registered Agent, if changing		

Check if applicable

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.

<u>PT</u>	John Do	<u>oe</u>	
<u>V</u>	Mike Jo	nes	
<u>sv</u>	Sally Sr	<u>nith</u>	
<u>Title</u>		<u>Name</u>	Address
VP	_	DAT TIEN NGUYEN	207 TOWNE CENTER BLVD
			SANFORD FL 32771
	_		
	_		
	_		
	_	-	
	_		
	SV Title	V Mike Jo SV Sally Sr Title	V Mike Jones SV Sally Smith Title Name

	tional Articles, enter ecessary).— (Be spec	ific)			
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an anamalan ar sanatahar F.		la 113 antian			
an amendment proyides for rovisions for implementing	or an exchange, reci	not contained it	the amendmen	t itself:	
(if not applicable, indica	ite N/A)	III CORCURING	Title uniteredited	. 16.74.11.	
.,					
				 	
			•	-	
					

	JUNE 8TH, 2022	
The date of each amendment(s) ad	loption:	if other than the
date this document was signed.		
JUN Effective date <u>if applicable</u> :	E 8TH. 2022	
effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	 -
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(: fficient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
JUNE STII, Dated	2022	
Signature	rector, president or other officer – if directors or officers have not been	 _
selected	fector, president or other orneer – it directors or others have not been f, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	1
	HOA LE	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)