

P19000 044 025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

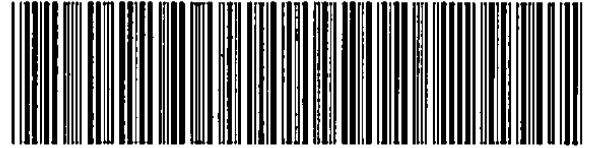
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332492093

08/01/19--11:11:11--11:11:11

FILED
2019 AUG -1 AM 11:17
SECURITY COPY DATE
TALLAHASSEE, FL

AUG 07 2019
C. Kins

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI FAMILY NAILS CORP
Name of Corporation

DOCUMENT NUMBER: P19000044025

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:

MINH NGUYEN
Name of Contact Person

MIAMI FAMILY NAILS CORP
Firm/Company

12862 BISCAYNE BLVD
Address

NORTH MIAMI FL 33181
City/State and Zip Code

minhnguyen47@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINH NGUYEN at (321) 444-3787
Name of Contact Person 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MIAMI FAMILY NAILS CORP
2. The principal office address: 12862 BISCAYNE BLVD
NORTH MIAMI - FL 33181
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/20/2019 Document number: P190000440x

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)

NGUYEN, MINH
6691 NW 127 PATH
MIAMI FL 33183

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NGUYEN, MINH
12862 BISCAYNE BLVD
P.O. Box NOT acceptable
NORTH MIAMI - FL 33181

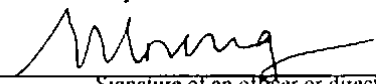
SECTION 607.0502, FLA. STAT.
TALLAHASSEE, FL

2019 AUG - 1 AM 11:17

FILED

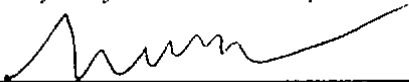
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

NGUYEN, MINH - PRESIDENT
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 familiar with and accept the obligation of my position as registered agent. Or, if 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.


Signature of Registered Agent

July 29, 2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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