P19000067427

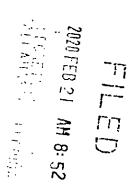
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 1 STOP NAIL SU	IPPLY INC.	
DOCUMENT NUM	BER: P19000067427		
	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Paul Do		
		Name of Contact Person	n
	l Stop Nail Supply		
		Firm/ Company	10-000
	11160 Beach Blvd Suite 135		
		Address	
	Jacksonville, FL 32246		
		City/ State and Zip Cod	e
info(1stopnailsupply.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Paul Do		at (525-4725
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐352.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

I STOP NAIL SUPPLY INC.	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P19000067427	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	
C. Enter new mailing address, if applicable:	2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u></u>
	52
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered office	ce address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zīp Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
Signatur	e of New Registered 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>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	V	Tai Nguyen	11160 Beach Blvd #135	
Add			Jacksonville, FL 32246	
X Remove				
2) Change			<u>.</u>	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			erene.	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove		-		

arrently Tai Nguyen is li	sted as V. There is a cha	inge. Tai Nguven k	eaves the corporation	i. V as remove.	
					<u> </u>
· · · · · · · · · · · · · · · · · · ·					
					
					
				<u> </u>	
	··				
					
					
If an amendment prov	ides for an exchange, i	eclassification, or	cancellation of issu	ed shares,	
<u>provisions for implen</u>	enting the amendmen	t if not contained i	n the amendment it	self:	
(if not applicable,		1/ 100/			
fter this amendment, Pau	1 Do owns 51% and 1m	ian van owns 49%	·		
					
, · <u>s</u>					
····					

	Feb 10, 2020	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
_ ,	anuary 1, 2020	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Feb 10. Dated	2020	
Signature (By	director, president or other officer – if directors or officers have not been	· ·
selg	eted, by an incorporator – if in the hands of a receiver, trustee, or other cou pinted fiduciary by that fiduciary)	rl
	Paul Do	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	