Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Corporation	ons		
	Fax Number : (850)	617-6380		
From:				1 0.3
	Account Name : GRACE	FINANCIAL CONSULTING	i.INC.	2024
	Account Number : T1000	0000000	•	<del></del>

Phone : (561)844-9806 Fax Number : (561)689-1131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **NOVALICE NAIL SPAINC**

Certificate of Status	0
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

To:

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Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED 2024 OCT -4 AM 9: 32

NOVALICE NAIL SPA INC

(Name of Corporat	ion as currently filed with the Flo	rida Dept. of State)	i Ł
P24000050856			IDA
(Docur	ment Number of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corp	oration adopts the following amendment	:nt(s) to
A. If amending name, enter the new name of the c	orporation:		
		The new	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbra	" or "Co". A professional corp	rporated" or the abbreviation "Corp.,' oration name must contain the word	!
B. Enter new principal office address, if applicable	e:		
(Principal office address MUST BE A STREET AD)			
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	- <del></del>		
D. If amending the registered agent and/or registe	red office address in Florida, ente	er the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street address)	<del></del>	
New President Company (Advance)		Eli l-	
New Registered Office Address:	(City)	Florida, Florida	
	•	•	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept the c	obligations of the position.	
Sign	ature of New Registered Agent, if c	hanging	
_	.,	U Q	
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)

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, Sully 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	VI NGUYEN	7551 SW HARBOR COVE DR
Add			STUART , FL 34997
X Remove			
2) Change			**
Add			<u> </u>
Remove 3) Change	<del></del>		
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To:

	(Be specific)		
			<del></del>
f an amendment provides for an excl	nange, reclassification, or cand	ellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	e amendment itself:	
<del></del>			

(Typed or printed name of person signing)

(Title of person signing)

NY THI TRAN

PRESIDENT