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Special Instructions to f	-iling Officer:				



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March 31, 2004

BINH VAN NGUYEN ANGEL'S NAIL & SKIN CARE ACADEMY, INC. 8405 N HIMES AVE #104 TAMPA, FL 33614

SUBJECT: ANGEL'S NAIL ACADEMY, INC.

Ref. Number: P96000081976

We have received your document for ANGEL'S NAIL ACADEMY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 604A00021111

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	Angel's	Nail	Academy	Fnc.	<del>Grane</del>
DOCUMENT N	IUMBER:	1960	0000 8197	b	
The enclosed Ara	ticles of Amendmer	at and fee are	submitted for filin	ıg.	
Please return all	correspondence cor	cerning this i	natter to the follow	ving:	
		Binh (Name	Van Ngu	yen	
_	A	nge/S (Name of I	Nail & SK Firm/ Company)	sin Care	Academy, Inc
_	84	05 Ŋ.	Himes A	ve #10	54
_	Ta	m 0 q City/ State	FL 33 6 14 of and Zip Code)		
For further inform	mation concerning t	his matter, pl	ease call:		
Binl	(Name of Person)	e m	at ( 727 )	507 & Daytime Te	4238 lephone Number)
Enclosed is a che	eck for the following	g amount:			
\$35 Filing Fee	2 \$43.75 Filing Certificate of		☐ \$43.75 Filing F Certified Copy (Additional copenclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations		Street Address Amendment Se Division of Cor 409 E. Gaines S Tallahassee, FL	ction porations Street	

Articles of Amendment to Articles of Incorporation of FILED

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(Name of corporation as currently filed with the Florida Dept. of State)
P9600081976 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):  Angel's Mail + SKin Care Academy From (must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this MPR day of 88 2004.
Signature  (By a director/ president of other officer of directors or officers have not been selected, bylan incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)

FILING FEE: \$35