

F19000004447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Amend

FILED
2023 NOV 29 AM 8:07
DIVISION OF CORPORATIONS
STATE OF ALABAMA

RECEIVED
2023 NOV 29 PM 2:17
DIVISION OF CORPORATIONS
STATE OF ALABAMA

A. RAMSEY

NOV 30 2023

*02250, 00611, 00671

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 11/29/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1201488

ORDER ENTITY
AURA SALONWARE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AURA SALONWARE, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AURA Salonware, Inc.

Name of Corporation

DOCUMENT NUMBER: F19000004447

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah A. McCutcheon

Name of Contact Person

Womble Bond Dickinson (US) LLP

Firm/Company

8350 Broad Street, Suite 1500

Address

Tysons, Virginia 22102

City/State and Zip Code

deborah.mccutcheon@wbd-us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000004447

(Document number of corporation (if known))

1. AURA Salonware, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 09/30/2019

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Incorporating Services, Ltd.

1540 Glenway Drive

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida 32301

(Zip Code)

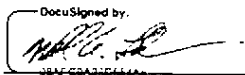
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Michael A. Lawler	540 Devall Drive	<input checked="" type="checkbox"/> Add
		Auburn, AL 36832	<input type="checkbox"/> Remove
CFO	Charles Freund	540 Devall Drive	<input checked="" type="checkbox"/> Add
		Auburn, AL 36832	<input type="checkbox"/> Remove
SEC	Charles Kallenbach	540 Devall Drive	<input checked="" type="checkbox"/> Add
		Auburn, AL 36832	<input type="checkbox"/> Remove
DP	Jonathan Levine	1125 West Avenue #2	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
D	Sarah Cooper	1824 N. Pennsylvania Street	<input type="checkbox"/> Add
		Indianapolis, IN 46220	<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael A. Lawler

CEO

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00