

L07000074483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

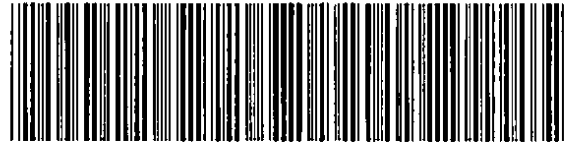
(Business Entity Name)

(Document Number)

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Y SULKER

JAN 05 2022

**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** 1/3/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 986573

**ORDER ENTITY**

EUPHORIA SALON AND DAY SPA, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**EUPHORIA SALON AND DAY SPA, LLC (FL)**

File the attached amendment and provide a certificate of status.

**NOTES:**

\$30.00 Authorized

Email address for annual report reminders: [tonya.goodrich@euphoriasds.com](mailto:tonya.goodrich@euphoriasds.com)

**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 in a cursive style.

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.

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tonya D. Goodrich	2140 Central Avenue	<input type="checkbox"/> Add
		St. Petersburg, Florida 33712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Joseph M. Goodrich	2140 Central Avenue	<input type="checkbox"/> Add
		St. Petersburg, Florida 33712	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 30<sup>th</sup>, 2021

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Tonya D. Goodrich

Typed or printed name of signee

**Filing Fee: \$25.00**