

N180000003703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

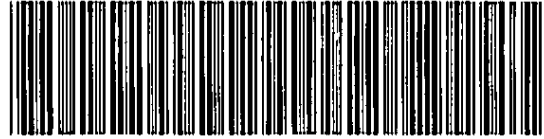
Special Instructions to Filing Officer:

J. HORNE

MAR - 9 2022

3/7

Office Use Only



300380485803

01/31/22--01016--001 **35.00

FILED
2022 MAR -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL 32311



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FL

February 16, 2022

LORI FERRELL
3805 INDIAN RIVER DR E
VERO BEACH, FL 32963 US

SUBJECT: SOUL SALA, INC.
Ref. Number: N18000003703

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 322A00003626

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Soul SALA INC
Name of Corporation

DOCUMENT NUMBER: N18000003703

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Ferrell
Name of Contact Person

Soul SALA INC
Firm/Company

3805 Indian River Dr E
Address

Vero Beach, FL 32963
City/State and Zip Code

lopetferrell@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Ferrell at (772) 696-4452
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. *Please note, check already
Sent in previous mailing.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Soul SALA INC
2. The principal office address: 3805 Indian River Dr E
Vero Beach, FL 32963
3. The mailing address (if different): —
4. Date of incorporation/qualification: _____ Document number: N18000003703
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

The Law Offices of John E. Moore, III PLLC
3420 Cardinal Dr, Ste 200
Vero Beach, FL 32963

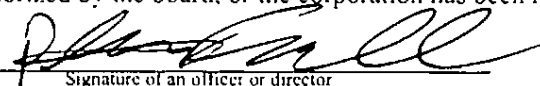
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lori Ferrell
3805 Indian River Dr E
P.O. Box NOT acceptable
Vero Beach, FL 32963

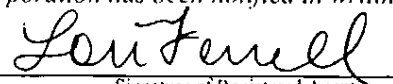
FILED
2022 MAR -7 PM 3:10
TALLAHASSEE
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Peter Ferrell
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 2/20/22
Signature of Registered Agent Date

If signing on behalf of an entity:

Lori Ferrell
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)