# P06000096141



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2021 NOV -1 AN 7: 10

A. BUTLER NOV 03 2021

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	Salon Adrian Inc. RATION:		
DOCUMENT NUM	P06000096141 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Emily Hart		
	Salon Adrian Inc	Name of Contact Person	1
	9908 Gulf Coast Main Street.	Firm/ Company Suite 145C	
	Fort Myers, FL 33907	Address	
	appointment@salonadrian.co	City/ State and Zip Code	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Emily Hart		239 at (	481-1010 )
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

#### Articles of Amendment

to

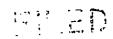
## Articles of Incorporation

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Salon Adrian Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.



(Name of Cornoration as current	tly filed with the Florida Dept. of State)		
P06000096141			
(Document Number	of Corporation (ifiknown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
P. Catar name asimple office address if applicable.	Salon Adrian		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9908 Gulf Coast Main Street, Suite 145C		
	Fort Myers, FL 33907		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Salon Adrian		
,	9908 Gulf Coast Main Street, Suite 145C		
	Fort Myers, FL 33907		
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the		
new registered agent and/or the new registered office addres	<u>s:</u>		
Emily Hart  Name of New Registered Agent			
13733 Pine Villa Lane			
(Florida si	reet address)		
Fort Myers	33912		
New Registered Office Address:	(City) Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familiar	<u>t:</u>		
herehy accept the appointment as régistered agent. I am familiar	with and accept the obligations of the position.		
(hilly)	11A		
Signature of New I	Registered Agent, if changing		

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. Sally 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.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One)	DCEO	Jeri Church	10018 Isola Way
1) Change		<del></del>	Fort Myers, FL 33913
Add			
Remove	PST	Jeri Church	10018 Isola Way
2) Change Add			Fort Myers, FL 33913
X	DCEO	Emily Hart	
Remove 3) Change	DCI30		13733 Pine VIIIa Lane
х Add			Fort Myers, FL 33912
Remove			
4) Change	DCFO	Alana Wilkinson	8414 Cardinal Road
X Add			Fort Myers, FL 33967
Remove			
5) Change	PT	Emily Hart	13733 Pine VIIIa Lane
Add	<del></del>		Fort Myers, FL 33912
Remove			
6) Change	VPS	Alana Wilkinson	8414 Cardinal Road
\(\lambda \) \(\la			Fort Myers, FL 33967
Remove			

(Attach additional sheets, if necessary)	rticles, enter change . (Be specific)	etaj nere,		
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If an amendment provides for an ex	change, reclassifica	tion, or cancellatio	on of issued shares.	
provisions for implementing the an				i
(if not applicable, indicate N/A)				
	<del></del>			
			••	

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amofficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	••	
<u> </u>	(voting group)	
10/7/2021		
Dated	211	
Signature /	MULT CHOULD	
	rector, president or other officer - if directors or officers have	
	l, by an incorperator – if in the hands of a receiver, trustee, or c ed fiduciary by that fiduciary)	otner court
	Emily C Han	
	(Typed or printed name of person signing)	
	Director, CEO, President	
	(Title of person signing)	<del></del>

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

October 27, 2021

Reference: Letter Number 621A00025371

The appropriate box on the amendment form regarding the adoption of the amendment(s) has been marked.

Thank you, Renee Stone Salon Adrian Inc



2021 FOY -1 PH 1:03

# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2021

EMILY HART SALON ADRIAN INC 9908 GULF COAST MAIN STREET SUITE 145C FORT MYERS, FL 33907 US

SUBJECT: SALON ADRIAN, INC. Ref. Number: P06000096141

We have received your document for SALON ADRIAN, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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.

Letter Number: 621A00025371

Anissa Butler Regulatory Specialist II

www.sunbiz.org