## PDU000133889

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
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## **COVER LETTER**

P06000133889

Amendment Section

TO:

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:

Susan C. Hedrick

Name of Contact Person

euphoria...a salon experience, ( NC

Firm/Company

3671 Webber St.

Address

Sarasota, Florida 34232

City/State and Zip Code

hedricksue@gmail.com

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

For further information concerning this matter, please call:

Susan C. Hedrick

.941

927 9829

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

-	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: euphoriaa salon experience
	Florida 34232
3. The mailing ad	Idress (if different):
4. Date of incorpo	oration/qualification: 10/20/2006 Document number: P06000133889
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Debra Wilson
_	3671 Webber St.
	Sarasota, Fl. 34232
6. The name and (if changed):	Sarasota, Fl. 34232  street address of the new registered agent (if changed) and /or registered office  Ralph S. Hedrick
	Ralph S. Hedrick
	2308 Vintage St
·	P.O. Box NOT acceptable
•	Sarasota, Florida 34240
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
x . Signatur	Debra Wilson Vice President Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Auf 15	hature of Registered Agent Date
	half of an entity:
~	Hedrich
Ti	weed or Printed Name

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