

P09000101538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

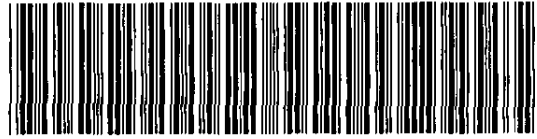
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Dunlap, Andy

From: Karen Soesbe [ksoesbe@appliedplasmonics.com]
Sent: Wednesday, February 09, 2011 11:01 AM
To: Fictitious Name Address Change
Subject: The Salon "O" Experience, Inc address change
please process the address change for my business listed below.

PO9000101538

Karen Soesbe
Administrative Assistant
Owner, The Salon "O" Experience, Inc
116 NW 6th Street
Gainesville, FL 32601

Ph 352 672 6339