

P17000009227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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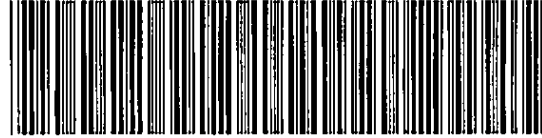
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MONTGOMERY, ALABAMA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2021

WANDA BRESETTE
SALT OF THE EARTH SPA AND HALOTHERAPY
422 SW AKRON AVE
STUART, FL 34994 US

SUBJECT: SALT OF THE EARTH SPA AND HALOTHERAPY, INC.
Ref. Number: P17000009227

We have received your document for SALT OF THE EARTH SPA AND HALOTHERAPY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 821A00024810

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salt of the Earth Halotherapy and Spa
Name of Corporation

DOCUMENT NUMBER: P17000009227

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:

Wanda Bresette

Name of Contact Person

Salt of the Earth Halotherapy and Spa

Firm/Company

422 SW Akron Ave.

Address

Stuart, FL 34994

City/State and Zip Code

wkbresette@gmail.com

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

For further information concerning this matter, please call:

Wanda Bresette

Name of Contact Person

at (772) 349-5904

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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SALT OF THE EARTH SPA AND HALOTHERAPY, INC.

2. The principal office address: 422 SW Akron Ave. Stuart, FL 34957

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/26/2017 Document number: P17000009227

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)

United States Corporation Agents Inc.

5575 S.Semoran Blvd. Suite #36

Orlando, FL 32822

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

Kelsey Karcher

5930 Clifton Ave

P.O. Box NOT acceptable

Jacksonville, FL 32211

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.

Wanda Bresette
Signature of an officer or director

Wanda Bresette, President
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.

Kelsey Karcher
Signature of Registered Agent

9/29/2021
Date

If signing on behalf of an entity:

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)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314