

P22000036851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

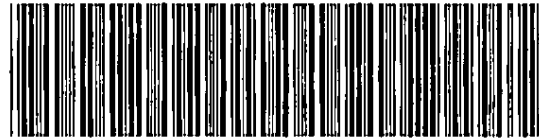
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Registered Agent Signature,
Signature
00789, 00611, 00623,
00671

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FILED
2022 SEP 13 AM 7:39
SOUTHERN DISTRICT
OF NEW YORK

A. BUTLER
NOV 21 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOMA RADIANT WELLNESS, INC

DOCUMENT NUMBER: P22000036851

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA RASKIN

Name of Contact Person

SOMA RADIANT WELLNESS, INC

Firm/ Company

530 SHELL COVE DRIVE

Address

MELBOURNE, FLA 32940

City/ State and Zip Code

lraskinc@gmail.com

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

For further information concerning this matter, please call:

Lisa Raskin

Name of Contact Person

at (512) 698-3902

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

SOMA RADIANT WELLNESS INC

(Name of Corporation as currently filed with the Florida Dept. of State) 2022 SEP 13 AM 7:39

SOMA RADIANT WELLNESS INC

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SOMA RADIANT WELLNESS INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

SAME ADDRESS

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

530 SHELL COVE DRIVE

MELBOURNE, FL 32940

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent LISA RASKIN

(Florida street address)

New Registered Office Address: 530 SHELL COVE DRIVE, MELBOURNE, Florida 32940
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

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

	X	P	LISA RASKIN	530 SHELL COVE DRIVE
1) _____ Change	_____	_____	_____	_____
_____ Add				MELBOURNE, FLA 32940
_____ Remove				_____
2) _____ Change	_____	_____	_____	_____
_____ Add				_____
_____ Remove				_____
3) _____ Change	_____	_____	_____	_____
_____ Add				_____
_____ Remove				_____
4) _____ Change	_____	_____	_____	_____
_____ Add				_____
_____ Remove				_____
5) _____ Change	_____	_____	_____	_____
_____ Add				_____
_____ Remove				_____
6) _____ Change	_____	_____	_____	_____
_____ Add				_____
_____ Remove				_____

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

N/A

9-5-2022

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

9-5-2022

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

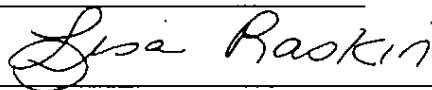
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

9-5-2022

Dated _____

Signature _____



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LISA RASKIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2022

LISA RASKIN
530 SHELL COVE DRIVE
MELBOURNE, FL 32940

SUBJECT: SOMA RADIANT WELLNESS INC.
Ref. Number: P22000036851

We have received your document for SOMA RADIANT WELLNESS 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 522A00023753



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2022

LISA RASKIN
530 SHELL COVE DRIVE
MELBOURNE, FL 32940

SUBJECT: SOMA RADIANT WELLNESS INC.
Ref. Number: P22000036851

We have received your document for SOMA RADIANT WELLNESS 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 document is illegible and not acceptable for imaging.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 922A00018280

SEP 13 2022

RY.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2022

LISA ECKSTEIN RASKIN
530 SHELL COVE DRIVE
MELBOURNE, FL 32940

SUBJECT: SOMA RADIANT WELLNESS INC.
Ref. Number: P22000036851

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

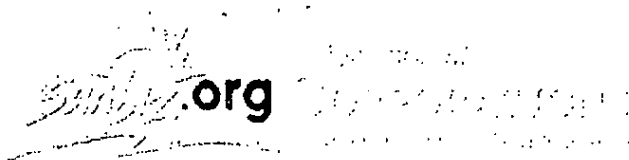
CUSTOMER DOES NOT WANT THE AMENDMENT TO BE FILED.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00018304



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation

SOMA RADIANT WELLNESS INC.

Filing Information

Document Number P22000036851
FEI/EIN Number NONE
Date Filed 04/29/2022
Effective Date 04/29/2022
State FL
Status ACTIVE

Principal Address

530 SHELL COVE DRIVE
 MELBOURNE, FL 32940

Mailing Address

530 SHELL COVE DRIVE
 MELBOURNE, FL 32940

Registered Agent Name & Address

RASKIN ECKSTEIN, ISA
 530 SHELL COVE DRIVE
 MELBOURNE, FL 32940

Officer/Director Detail

Name & Address

Title P

RASKIN ECKSTEIN, LISA
 530 SHELL COVE DRIVE
 MELBOURNE, FL 32940

Annual Reports

No Annual Reports Filed

Document Images

04/29/2022 -- Domestic Profit

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