

P23 0000 56654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

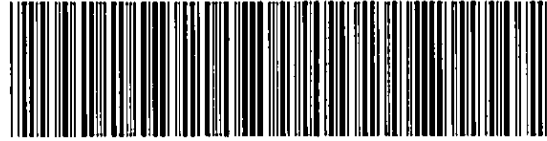
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER SALON SUITES INC

Name of Corporation

DOCUMENT NUMBER:

V13000056054

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMARA MCLACHLAN

Name of Contact Person

PREMIER SALON SUITES

Firm/Company

3780 CURTIS BLVD STE 804

Address

COCOA, FL 32927

City/State and Zip Code

BEAUTY@PREMIERSALONSUITES.ORG

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

TAMARA MCLACHLAN

at (321) 537-2729

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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 CORRECTION

For

PREMIER SALON SUITES INC

Name of Corporation as currently filed with the Florida Dept. of State

P73 0000 560 54

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct _____
(Document Type Being Corrected)

filed with the Department of State on 08-01-2023
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT DATE - SHOULD'VE BEEN 8/30/23 INSTEAD OF 09/30/23

Correct the inaccuracy, incorrect statement, or defect:

CORRECT 9/30/23 TO 9/7/23 as effective date.

FILED
2023 SEP -7 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL



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

TAMARA D MCLACHLAN

(Typed or printed name of person signing)

OWNER/PRESIDENT

(Title of person signing)

Filing Fee: \$35.00