

P07000113324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 FEB 12 PM 5:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 17 2016

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEEDLES & MOXA WELLNESS CENTER

DOCUMENT NUMBER: P07000113324

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

Please return all correspondence concerning this matter to the following:

Eva Paglialonga

Name of Contact Person

Miami Center For Oriental Medicine

Firm/ Company

1317 Obispo Ave

Address

Coral Gables, FL 33134

City/ State and Zip Code

evapaglialonga@gmail.com

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

For further information concerning this matter, please call:

Eva Paglialonga

at (305)

2655265

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



MIAMI CENTER
FOR ORIENTAL MEDICINE
Florida Department of State

700 SW 57th Ave, Suite 700
Miami, FL 33144
305.265.5265

clinic@changeyourhealth.com
www.changeyourhealth.com

Att: Rebekah White

Response to Letter number: 016A00002153

Ref. Number: P07000113324

Dear Rebekah,

The document number of the name conflict T15000000905 belongs to my corporation. It is a trademark I have established for us. Therefore I am giving you a permission to use this name as the name of my corporation. Therefore Needles & Moxa Wellness Center should become Miami Center For Oriental Medicine.

Please do not hesitate to contact me if you would need any other information.

Thank you so much!

Eva Novotna Paghalonga, DAOM

President

RECEIVED

16 FEB 12 PM

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
15 AUG 14 PM 1:11
TALLAHASSEE, FLORIDA
STATE

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

NEEDLES & MOXA WELLNESS CENTER, INC.

(a) Owner's/Applicant's name: 700 SW 57th Avenue, Suite 700

(b) Owner's/Applicant's business address: Miami, FL 33144

1317 Obispo Ave. City/State/Zip

If different, Owner's/Applicant's mailing address: Coral Gables, FL 33134

786 837-6787 City/State/Zip

(c) Owner's/Applicant's telephone number: ()

Check the appropriate box to indicate the Owner/Applicant is a(n):

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: P07000113324 ✓

(2) Domicile State or Country: Florida, USA

(3) Federal Employer Identification Number: 300447535

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

ACUPUNCTURE, CHINESE HERBAL MEDICINE, NUTRITION AND DIETS,

AURICULAR THERAPY, MOXIBUSTION, MASSAGE THERAPY.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

EVA PAGLIALONGA
1317 OBISPO AVE
CORAL GABLES, FL 33134

SUBJECT: NEEDLES & MOXA WELLNESS CENTER, INC.
Ref. Number: P07000113324

We have received your document for NEEDLES & MOXA WELLNESS CENTER, 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):

You have checked multiple boxes under adoption of amendment. Please only check one box.

T15000000905

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is T15000000905.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 016A00002153

FILED

Articles of Amendment
to
Articles of Incorporation
of

16 FEB 12 PM 5:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEEDLES & MOXA WELLNESS CENTER

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

P07000113324

(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:

MIAMI CENTER FOR ORIENTAL MEDICINE 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."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

700 SW 57TH AVE, SUITE 700

(the same)

MIAMI, FL 33144

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1317 OBISPO AVE

(the same)

CORAL GABLES, FL 33134

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 the same

(Florida street address)

New Registered Office Address: the same

(City)

Florida

(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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
2) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
3) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
4) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
5) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
6) <u>Change</u>	_____	_____	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[This section is crossed out with a diagonal line.]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[This section is crossed out with a diagonal line.]

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

Effective date if applicable: 1/25/2016
(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 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 Eva Paglialonga, President
(voting group)"

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

✓ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/25/2016

Signature Eva Paglialonga
(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)

EVA NOVOTNA PAGLIALONGA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)