

NO7000000 8948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

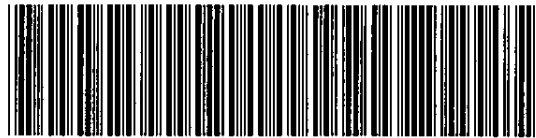
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☒

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Office Use Only



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02/27/09--01036--022 **52.50

Amend/AR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 19 PM 3:38

FILED

T. Roberts MAR 19 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2009

WILL SPENCER
C.A.M.P. INC.
2040-B N DIXIE HWY
WILTON MANORS, FL 33305

SUBJECT: COMMUNITY ACUPUNCTURE & MASSAGE PROJECT INC.
Ref. Number: N07000008948

We have received your document for COMMUNITY ACUPUNCTURE & MASSAGE PROJECT INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000040133 # CAMP LLC.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 709A00007228

Add'l Copy

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Community Acupuncture & Massage Project, Inc.

DOCUMENT NUMBER: NO7000008948

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

Please return all correspondence concerning this matter to the following:

Will Spencer

(Name of Contact Person)

CAMP 4 Health, Inc.

(Firm/ Company)

2040-B N. Dixie Hwy.

(Address)

Wilton Manors, FL 33305

(City/ State and Zip Code)

For further information concerning this matter, please call:

Will Spencer

(Name of Contact Person)

at (954) 566-2416

(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

Articles of Amendment
to
Articles of Incorporation
of

Community Acupuncture & Massage Project Inc.

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

NO7000008948

(Document Number of Corporation (if known))

FILED
09 MAR 19 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

CAMP 4 Health, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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

2040-B N. Dixie Hwy.

Wilton Manors, FL

33305

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

2040-B N. Dixie Hwy.

Wilton Manors, FL

33305

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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(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

(Attach additional sheets, if necessary)

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

Attachment to Page 2:

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|----------------|------------------------|--|--|
| <u>Pres.</u> | <u>Will Spencer</u> | <u>2805 E. Oakland Pk. Blvd.</u> <u>#219</u> <u>Fort Lauderdale, FL 33306</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>V-Pres.</u> | <u>J. Randy Brooks</u> | <u>201 NE 16th Place</u> <u>*103</u> <u>Fort Lauderdale, FL 33305</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>Treas.</u> | <u>Noland Kase</u> | <u>1721 NW 48th Place</u> <u>Pompano Beach, FL</u> <u>33064</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------|------------------------|---|--|
| <u>At-Large</u> | <u>Kathleen Cannon</u> | <u>1726 SE 3rd Ave.</u> <u>Ft. Lauderdale, FL</u> <u>33316</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

The date of each amendment(s) adoption: January 12, 2009

Effective date if applicable: February 9, 2009
(no more than 90 days after amendment file date)

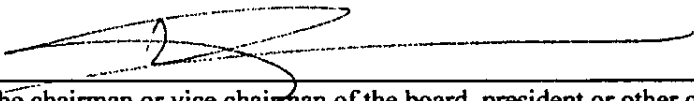
Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 9, 2009

Signature


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

Will Spencer

(Typed or printed name of person signing)

President

(Title of person signing)