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C. LEWIS JUL 29 2014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations Occupational Therapy & Wellness Centers of America, Inc. N14000006379 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dr. Robert J. Mullaney (Name of Contact Person) Occupational Therapy & Wellness Centers of America, Inc. (Firm/ Company) P.O. Box 260044 (Address) Hollywood, FL 33026 (City/ State and Zip Code) robert@businessdrs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dr. Robert J. Mullaney (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 & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment Articles of Incorporation of



	of America Inc. 14 JUL 15 PM 4:
Occupational Therapy & Wellne	ss Centers of America, Inc. 14 Job. 13 China
(Name of Corporation as currently filed with	the Florida Dept. of State)
N14000006379	
(Document Numb	er of Corporation (if known)
rsuant to the provisions of section 617.1006. Floridate the section of the provisions of the section of the sec	a Statutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the co	rporation:
/a	The new
	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.	-1-
Enter new principal office address, if applicable	
rincipal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)
Enter new mailing address, if applicable:	∞ n/a
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>) 11/a
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent: n/a	
	(Florida street address)
New Registered Office Address:	
n/a	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Reg	nistered Agent
	I am familiar with and accept the obligations of the position.

Page 1 of 4

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 X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke <u>Jones</u> ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

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

Article IX: DISSOLUTION CLAUSE

The Dissolution of Occupational Therapy & Wellness Centers of America, Inc.
may occur only with authorization by its Board of Directors given
at a special meeting called for that purpose and with subsequent approval
by a two-thirds (2/3) vote of the Voting Members (status determined by
Membership Committee). Upon dissolution or other termination of
Occupational Therapy & Wellness Centers of America, Inc., all remaining
assets of Occupational Therapy & Wellness Centers of America, Inc.,
after payment in full of all its debts, obligations, and necessary final
expenses, or after the making of adequate provision therefore, shall be
distributed to such tax-exempt organizations (with purposes similar
to those of Occupational Therapy & Wellness Centers of America, Inc.)
as shall be chosen by the then existing Board of Directors of Occupational
Therapy & Wellness Centers of America, Inc.

The date of each amendmen late this document was signed		FIGURE CHARLES OF STATE OF STA	, if other than the
Effective date <u>if applicable</u> :	07/04/2014 (no more than 90 days aft	er amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	,	
The amendment(s) was/was/were sufficient for a	• •	umber of votes cast for the amendment(s)	
There are no members o adopted by the board of	r members entitled to vote on the amend directors.	dment(s). The amendment(s) was/were	
Dated 07	/09/2014		
Signature <			
(By th	e chairman or vice chairman of the boa not been selected, by an incorporator – court appointed fiduciary by that fiduc	· · · · · · · · · · · · · · · · · · ·	
Robert	t J. Mullaney		
	(Typed or printed name of perso	on signing)	
Presid	ent		
	(Title of person signi		