

N16000007332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

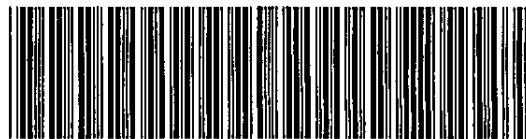
Certificates of Status ☒

Special Instructions to Filing Officer:

Spoke with  
Sunshine State Bank to  
correct form for Mr. Vasquez,  
with his approval - on 11/29/16

SS

Office Use Only



000291157220 ✓

11/15/16--01011--012 \*\*52.50

S. TALLENT

NOV 29 2016

AMEND

FILED  
16 NOV 29 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2016

ELISEO J. SANTIAGO VASQUEZ  
GAINESVILLE HEALING ROOMS, INC.  
5745 S.W. 75TH ST. #132  
GAINESVILLE, FL 32608

SUBJECT: GAINESVILLE HEALING ROOMS, INC.  
Ref. Number: N16000007332

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

ON PAGE #2 OF 4, PLEASE LIST ALL OFFICERS/DIRECTORS YOU ARE ADDING OR CHANGING.

ON PAGE #3 OF 4, PLEASE LIST YOUR FEI/EIN NUMBER.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 816A00024715



Archer Road Branch  
6305 SW Archer Road  
Gainesville, FL 32608  
(352) 373-9334

**FAXCOPY TRANSMITTAL****\*\*PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE\*\***

To: 1 Susan Talon Fax to: 850.245.6897

From: Deborah Adams

Date: \_\_\_\_\_ Time Sent: \_\_\_\_\_

Message: \_\_\_\_\_

Please add Director  
ASAP. He has also listed  
his EIN #

Thank you,  
Member has paid fees.

Number of Pages: 6 (Including cover page)

**IF NOT RECEIVED PROPERLY, PLEASE  
NOTIFY US IMMEDIATELY BY CALLING  
(352) 373-9334**

**OUR FAX NUMBER IS: (352) 374-7744**

This message is intended only for the use of the individual or entity named above and contains information that is confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication and are not the addressee or addressee's agent, please notify the sender immediately by telephone and shred/destroy all copies of this transmission. Thank you.

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Gainesville Healing Rooms

DOCUMENT NUMBER: N1600007332

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

Please return all correspondence concerning this matter to the following:

Eliseo S. Santiago Vasquez  
(Name of Contact Person)

Gainesville Healing Rooms  
(Firm/ Company)

5745 S.W. 75<sup>th</sup> St. # 132  
(Address)

Gainesville Fl. 32608  
(City/ State and Zip Code)

eliseo.s.vasquez@gmail.com  
(e-mail address (do not be used for future annual report notification))

For further information concerning this matter, please call:

Eliseo S. Santiago Vasquez at 352-374-6682  
(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

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

Gainesville Healing Rooms Inc N16000007332

(Document Number of Corporation (if known))

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:**

*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**)

**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:

(Florida street address)

New Registered Office Address:

(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

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16 NOV 29 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>DP</u>	<u>Eliseo J Santiago Vasquez</u>	<u>5915 SW 85TH ST</u>
<input checked="" type="checkbox"/> Add			<u>GAINESVILLE, FL 32608</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

ADD EIN # 81-3547125

The date of each amendment(s) adoption: 11/29/2016, if other than the date this document was signed.

Effective date if applicable: 11/29/2016  
(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 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 11/29/2016

Signature Eliseo J. Santiago Vasquez Eliseo J. Santiago Vasquez  
(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)

ELISEO J. SANTIAGO VASQUEZ

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)