

PO7000074313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

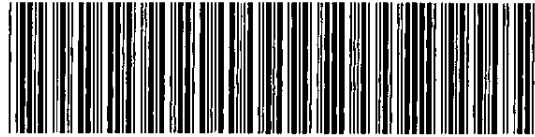
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY -1 PM 1:10

FILED

Amend MC  
Lewis  
5-1-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Harmony Equity Co.

**DOCUMENT NUMBER:** 62 08000021285 (P.07000074313)

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

Please return all correspondence concerning this matter to the following:

Dr. Herman Lester Carrero  
(Name of Contact Person)

Harmony Chiropractic Clinic, P.A.  
(Firm/ Company)

1948 Saxon Blvd.  
(Address)

Deltona FL 32725  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dr. H. Lester Carrero at ( 386 ) 774-6325  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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



**HARMONY CHIROPRACTIC CLINIC**

April 29, 2008

Att: Agnes Lunt  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**RE: REFUND FOR THE REMAINING BALANCE**

Hello Agnes,

Just as requested I am sending you this letter to request a refund of the remaining balance of the \$105.00 I also send in an attachment to this letter of Articles of Amendment to Articles of Incorporation document. This process has cost of \$35.00 so a remaining balance of \$70.00 will accrue. Please send remaining balance to the address at the bottom of page.

Additionally, my instructions for the Articles of Amendment to Articles of Incorporation is to first change the name of my existing incorporation name from *Harmony Equity Co.* to *Harmony Chiropractic Clinic, P.A.* My new business address sits at the bottom of this letter. Thank you.

Cordially,

A handwritten signature in black ink, appearing to read 'Dr. H. Carrero'.

Dr. H. Lester Carrero, DC  
*Chiropractic Physician*

*LC/lc*

Harmony Chiropractic Clinic, P.A.  
1948 Saxon Blvd.  
Deltona, FL 32725

Office: (386) 77-4-NECK (6325)  
harmonychiropracticclinic@hotmail.com

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2008 MAY -1 PM 1:10

Harmony Equity Co.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P 07 0000 74313

(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:

**NEW CORPORATE NAME (if changing):**

Harmony Chiropractic Clinic, P.A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Only name of Corporation will be changed.

The Corporation is changing from Inc to P.A.

Address change to: 1948 Saxon Blvd.

Deltona FL 32725

to operate as a chiropractic clinic.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: April 29, 2008

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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

☐ The amendment(s) was/were approved 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  
\_\_\_\_\_  
(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.

Signature

  
(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)

Dr. H. Leater Carrara  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE: \$35**