

PD8000050283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

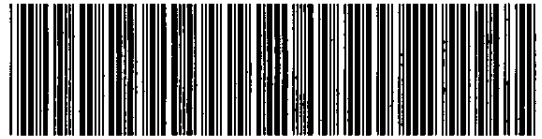
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



900161443979

10/13/09--01047--006 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT 13 PM 3:54

Amend
(1a) 10/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Selective chiropractic Health Care INC

DOCUMENT NUMBER: P08000050283

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

Please return all correspondence concerning this matter to the following:

DR. Mardi Buchanan
Name of Contact Person

Selective chiropractic Health Care
Firm/ Company

6907 West Colonial drive
Address

ORLANDO, FL 32818
City/ State and Zip Code

TAMEKAZTAMEKA@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. Mardi Buchanan at (407) 690-0341
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

Articles of Amendment
to
Articles of Incorporation
of

Selective chiropractic Health Care INC

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

P08000050283

(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:

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)

6907 West colonial drive
ORLANDO, FL 32818

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:

DR. Mardi Buchanan

New Registered Office Address:

6907 West colonial drive

(Florida street address)

ORLANDO

(City)

Florida 32818

(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.

Dr. Mardi Buchanan

Signature of New Registered Agent, if changing

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
09 OCT 13 PM 3:54

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Judy Husband	6907 West Colonial drive Or, FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Mardi Buchanan	6907 West Colonial drive Or, FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LAKisha Williams	6907 West Colonial drive Or, FL 32818	<input checked="" 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)

We would like the name of Judy Husband to be removed from the corporation as the president & registered agent. Then, Replace by the new president of the corporation DR. Mardi Buchanan as of 10-01-2009.

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)

N/A

The date of each amendment(s) adoption: _____

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 _____."

(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 _____

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. Mandi Buchanan

(Typed or printed name of person signing)

President

(Title of person signing)