

**P080000055408**

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

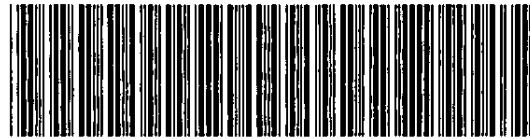
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*  
and Name Change

05/06/13--01007--012 \*\*35.00

FILED  
2018 MAY 23 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

#00789, 00524, 00671-5/24/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JK ACUPUNCTURE INC.

DOCUMENT NUMBER: P08000055408

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

Please return all correspondence concerning this matter to the following:

Mihe J. Kim

Name of Contact Person

JK ACUPUNCTURE INC

Firm/ Company

5006 TAMIAMI TR. N

Address

NAPLES, FL 34103

City/ State and Zip Code

jkaculove@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mihe J. Kim

239

304-2000

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2013

Mihe J. Kim  
JK Acupuncture Inc  
5006 Tamiami Tr. N  
Naples, FL 34103

SUBJECT: JK ACUPUNCTURE, INC.  
Ref. Number: P08000055408

We have received your document for JK ACUPUNCTURE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment form (page 4) is missing. I have enclosed a blank page four that you may fill out and return to us when you resubmit the entire document.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 713A00011630

Articles of Amendment  
to  
Articles of Incorporation  
of

JK ACUPUNCTURE INC.

FILED

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

P 08000055408

(Document Number of Corporation (if known))

2013 MAY 23 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

CHAMBI INC.

*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."*

653 CORAL DR.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34102

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

653 CORAL DR.

NAPLES, FL 34102

**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

MIHE J. KIM

653 CORAL DR.

(Florida street address)

New Registered Office Address:

NAPLES

34102

(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*

Page 2 of 4

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_

5-20-13

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

5/20/13

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)

Mike J. Korn

(Typed or printed name of person signing)

President

(Title of person signing)