

P09000015349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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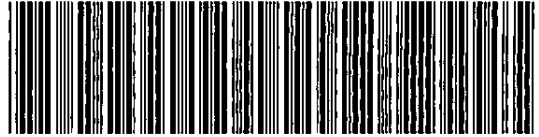


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FILED
2009 OCT 29 A 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Tluris
10-30-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ON YOUR FEET RECOVERY INC

DOCUMENT NUMBER: P09000015349

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

Please return all correspondence concerning this matter to the following:

MICHAEL CARDINEZ
Name of Contact Person

Firm/ Company

14551 SW 26ST
Address

DAVIE FLA 33325
City/ State and Zip Code

ON YOUR FEET RECOVERY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CARDINEZ at (954) 849-7016
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing

☐ \$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

RECEIVED
2009 SEPT 1 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2009

MICHAEL CARDINEZ
ON YOUR FEET RECOVERY, INC.
14551 S.W. 26TH STREET
DAVIE, FL 33325

SUBJECT: ON YOUR FEET RECOVERY, INC.
Ref. Number: P09000015349

We have received your document for ON YOUR FEET RECOVERY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 709A00030328

Articles of Amendment
to
Articles of Incorporation
of

FILED

ON YOUR FEET RECOVERY, INC.

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

P09000015349

(Document Number of Corporation (if known))

2009 OCT 29 A 11:46

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:

ON YOUR FEET RECOVERY, 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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14551 SW 26ST

DAVIE FL 33325

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14551 SW 26ST

DAVIE FL 33325

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:

MICHAEL CARDINEZ

New Registered Office Address:

14551 SW 26ST

(Florida street address)

DAVIE

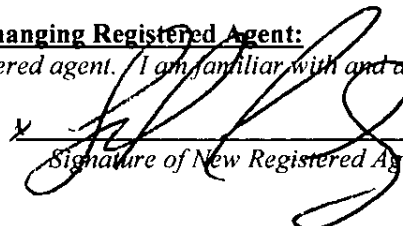
(City)

Florida 33325

(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

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>
<u>PRES</u>	<u>EDWARD J VELAZQUEZ</u>	<u>4724 W ATLANTIC BLVD</u> <u>APT # 204</u> <u>COCONUT CREEK FL 33063</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES.</u>	<u>MICHAEL CARDINEZ</u>	<u>14551 SW 26TH</u> <u>DAVE FL 33325</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

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)

The date of each amendment(s) adoption: SEPT. 10, 2009
(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 SEPT 10, 2009

Signature Edward J. Velazquez
(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)

EDWARD J. VELAZQUEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)