

P10000042787

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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THE
CITY OF
NEW YORK
COUNTY OF
NEW YORK

OCT 27 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

MICHELLE ZIELECKI / SOUTHERN TRACE CHIROPRACTIC
601 WEBSTER STREET
WILDWOOD, FL 34785 US

SUBJECT: SOUTHERN TRACE CHIROPRACTIC AND MASSAGE CENTER,
PA
Ref. Number: P10000042787

We have received your document for SOUTHERN TRACE CHIROPRACTIC AND MASSAGE CENTER, PA 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 form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 116A00021632

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Southern Trace Chiropractic and Massage Center, PA

DOCUMENT NUMBER: P10000042787

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

Please return all correspondence concerning this matter to the following:

Dr. Michelle Zielecki

Name of Contact Person

Southern Trace Chiropractic and Massage Center, PA

Firm/ Company

P.O. Box 807

Address

Bellevue, FL 34421

City/ State and Zip Code

MichelleZ29@hotmail.com

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

For further information concerning this matter, please call:

Michelle Zielecki

Name of Contact Person

at (352) 205-8500

Area Code & Daytime Telephone Number

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

*Submitted check w/
previous
application*

☐ \$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

Southern Trace Chiropractic and Massage Center, PA
(Name of Corporation as currently filed with the Florida Dept. of State)

P10000042787

(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:

Dr. Michelle Zielecti Chiropractic and Massage Center, PA 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)

601 Webster Street
Wildwood, FL 34785

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 607
Bellevue, FL 34421

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 same

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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DIVISION OF CORPORATIONS

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)

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	<u>N/A</u>		
<u>Add</u>			
<u>Remove</u>			
2) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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

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

n/a

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 this document was signed.

9/27/14

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if other than the

Effective date if applicable: _____

2016 OCT 25 PM 4:04

(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 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

10/20/2014

Signature

Michelle Zielecki

(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)

Michelle Zielecki

(Typed or printed name of person signing)

President

(Title of person signing)