

P100000101375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

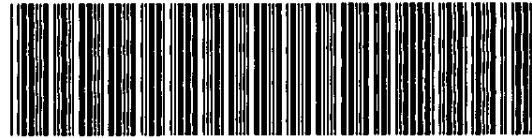
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/11--01014--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 14 PM 2:30

Amend
10/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All in One Chiropractic & Therapy Center Inc.

DOCUMENT NUMBER: P10000101375

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

Please return all correspondence concerning this matter to the following:

CAROLINA RIVAS

Name of Contact Person

All in One Chiropractic & Therapy Center, Inc.

Firm/ Company

900 WEST 49TH STREET #410

Address

HIALEAH, FLORIDA 33012-3489

City/ State and Zip Code

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

For further information concerning this matter, please call:

CAROLINA RIVAS

Name of Contact Person

at (305) 825-2131

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

October 28, 2011

CAROLINA RIVAS
ALL IN ONE CHIROPRACTIC & THERAPY CENTER
900 WEST 49TH STREET #410
HIALEAH, FL 33012-3489

SUBJECT: ALL IN ONE CHIROPRACTIC & THERAPY CENTER, INC.
Ref. Number: P10000101375

We have received your document for ALL IN ONE CHIROPRACTIC & THERAPY CENTER, 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):

PLEASE SUBMIT THE AMENDMENT FORM IN ITS ENTIRETY. PAGE 2 IS MISSING.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00024677

RECEIVED
11 NOV 14 AM 8:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 14 PM 2:30

Articles of Amendment
to
Articles of Incorporation
of

All in One Chiropractic & Therapy Center, Inc.

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

P10000101375

(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**)

900 WEST 49TH STREET

SUITE 410

HIALEAH, FLORIDA 33012-3489

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

SAME AS PRINCIPAL OFFICE

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| <u>Title(s)</u> | <u>Name</u> | <u>Address</u> |
|-----------------|-------------|-------------------------|
| 1) _____ | _____ | _____ _____ _____ |
| 2) _____ | _____ | _____ _____ _____ |
| 3) _____ | _____ | _____ _____ _____ |
| 4) _____ | _____ | _____ _____ _____ |
| 5) _____ | _____ | _____ _____ _____ |
| 6) _____ | _____ | _____ _____ _____ |

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

| <u>Title(s)</u> | <u>Name</u> | <u>Title(s)</u> | <u>Name</u> |
|-----------------|-------------|-----------------|-------------|
| 1) _____ | _____ | 4) _____ | _____ |
| 2) _____ | _____ | 5) _____ | _____ |
| 3) _____ | _____ | 6) _____ | _____ |

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

[illegible]

The date of each amendment(s) adoption: 10/18/2011

Effective date if applicable: 10/18/2011 (date of adoption - required)
(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 NOVEMBER 4, 2011

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)

CAROLINA RIVAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)