

P11000011309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

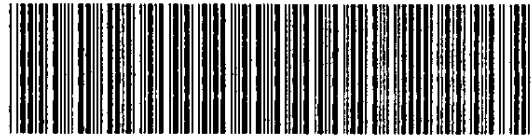
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/21/11--01014--004 **35.00

FILED
11 APR - 1 AM 11:30

Amend.
4/5/11
D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2011

JESSICA LOPEZ
2000 N. CONGRESS AVE.
SUITE 177
WEST PALM BEACH, FL 33409

SUBJECT: THE OASIS MEDICAL MASSAGE THERAPIST, INC.
Ref. Number: P11000011309

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

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 611A00007046

Rec. 4/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE OASIS MEDICAL MASSAGE THERAPIST, INC

DOCUMENT NUMBER: P11000011309

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

Please return all correspondence concerning this matter to the following:

Jessica Lopez

Name of Contact Person

Firm/ Company

2000 N. Congress Ave. STE 177

Address

West Palm Beach, FL 33409

City/ State and Zip Code

jlopezdejesus@yahoo.com

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

For further information concerning this matter, please call:

Jessica Lopez

Name of Contact Person

at (561)

572-6039

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

THE OASIS MEDICAL MASSAGE THERAPIST, INC.

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

P11000011309

(Document Number of Corporation (if known))

11 APR - 1 AM 11:30
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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)

1489 MILITARY TRAIL STE 207
WEST PALM BEACH FL 33409

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:

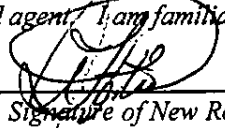
Name of New Registered Agent: FLEITAS, ABEL A

New Registered Office Address: 1489 MILITARY TRAIL STE 207
(Florida street address)

WEST PALM BEACH, Florida 33409
(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, 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	ABREU, ROBERTO	1489 MILITARY TRAIL STE 207 WEST PALM BEACH FL 33409	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	FLEITAS, ABEL A	1489 MILITARY TRAIL STE 207 WEST PALM BEACH FL 33409	<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)

I need Abel A, Fleitas to appear as both the register agent as well as the register officer.

Thank you!

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: 03/05/2011

(date of adoption is required)

Effective date if applicable: 03/05/2011

(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 03/05/2011

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)

Abreu, Roberto

(Typed or printed name of person signing)

President

(Title of person signing)