P12000019233

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Oakleaf Family Cl	niropractic Inc			
	4BER: P12000019233				
	es of Amendment and fee are su	abmitted for filing.			
Please return all con	respondence concerning this ma	utter to the following:			
	Natalic Thompson				
		Name of Contact Person	n		
	Oakleaf Family Chiropractic Inc				
		Firm/ Company			
	9785 Crosshill Blvd #108	7 mile Company			
	71001	Address			
	Jacksonville, FL 32222				
		City/ State and Zip Cod	e		
	natalie@oakleafchiro.com				
	-	sed for future annual report	notification)		
For further informati	ion concerning this matter, plea:	se call:			
Natalie Thompson		904 at (501-8221		
Name	e of Contact Person	at (904) 501-8221 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
Ar	nendment Section	Amendment Section			
	vision of Corporations	Division of Corporations			
	D. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Oakleaf Family Chiropractic Inc

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2023 OCT -3 FH 5: 54

f Corporation as currently fi	talah sadah albah Pitalahan Kala		
Corporation as currently in	ied with the Fiorida Def	ot. of State)	r
		7.1.	The state of the s
(Document Number of Co	orporation (if known)	···	
006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	idopts the foll	owing amendment(
me of the corporation:			
orp," "Inc," or "Co". A p.	pany," or "incorporated ofessional corporation i	or the abbre name must c	The new viation "Corp.," ontain the word
		<u> </u>	
REET ADDRESS)			
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FFICE BOX)			
	to Planta and all		7.100
registered office address:	in Fiorida, enter the na	me or the	
Natalie Thompson			
1795 Canada 11 Dlad #100			
7762 CIOSSIIII DIVU #106			
9785 Crosshill Blvd #108 (Florida street i	(ddress)	 .	·-·
7,744	ddress)		 22
	me of the corporation: the word "corporation." "comport," "Inc," or "Co". A proor the abbreviation "P.A." f applicable: FREET ADDRESS)	the word "corporation," "company," or "incorporated orp," "Inc," or "Co". A professional corporation for the abbreviation "P.A." f applicable: FREET ADDRESS) Table: FFICE BOX) I/or registered office address in Florida, enter the na registered office address:	006, Florida Statutes, this Florida Profit Corporation adopts the follower of the corporation: the word "corporation," "company," or "incorporated" or the abbreview, "Inc," or "Co". A professional corporation name must corporate abbreviation "P.A." f applicable: REET ADDRESS Sable: OFFICE BOX Mor registered office address in Florida, enter the name of the registered office address:

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Jeremy Eric Thompson	44 Captains Walk
Add			Palm Coast, FL 32137
X Remove			
2) X Change	<u>P</u>	Natalie E Thompson	9785 Crosshill Blvd #108
Add			Jacksonville, FL 32222
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	<u> </u>
	
i an amandmant provides for an auch	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this di Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Dated 9/1	3/2023	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary)	
	Natalie E. Thompson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	