## P130000 10 151

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

-TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Massage Jupiter  DOCUMENT NUMBER: P 130000/0/51
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Massage Jupiter  Firm/Company  175 TONEY PENNA Drive Suite Zoy  Address  Jupiter FL 33468  City/State and Zip Code  Into @ massage jupiter. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI. 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation	
of the state of th	
Massagewupiter	
(Name of Corporation as currently filed with the Florid	la Dept. of State)
P13000010151	•
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
N/a	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  H A	
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:  Name of New Registered Agent  Name of New Registered Agent	the name of the
(Florida street address)	
(1 tortua sirea aucuess)	
New Registered Office Address:	, Florida
(Ciţy)	(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 obt	ligations of the position.
Signature of New Registered Agent, if cha	inging

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	$\sqrt{}$	Karen Curra	175 TOREY PENNEDOS Suite ZOU
Add			Suite 204
X Remove			Supiter FL 33458
2) Change		_	
Add			
Remove			-
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			<del> </del>
6) Change			
Add			
Remove			

Attach <i>additional shee</i>	additional Articles, enter change(s) here: s, if necessary). (Be specific)
	"   "
<del></del>	MA.
	$\iota$
··;	
,	
f an amendment pro	ides for an exchange, reclassification, or cancellation of issued shares,
(if not applicable	nenting the amendment if not contained in the amendment itself:
(у погаружите	
	NA
	'

The date of each amendment(s) adoption: May 7, 2019, if other than the date this document was signed.
Effective date <u>if applicable</u> :
(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 cocument'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 east 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
Signature Balk bul
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator I if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
appointed indicating by that indicating
Elizabeth Jan K
(Typed or printed name of person signing)
FRESIDENT
(Title of person signing)