

P13000081184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

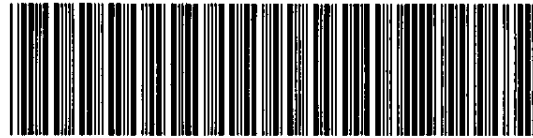
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AND
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13 NOV 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CELEBRATION FAMILY CHIROPRACTIC CLINIC INC.
DOCUMENT NUMBER: P13000081184

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

Please return all correspondence concerning this matter to the following:

ANTHONY G. NALDA

Name of Contact Person

Firm/ Company

309 REEVES ST.

Address

CELEBRATION, FL 34747

City/ State and Zip Code

DRTNALDA@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY G. NALDA

Name of Contact Person

at (

407) 908-9331

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | | |
|----|---|-----------|------------------------|------------------------|
| 1) | <input type="checkbox"/> Change | <u>VP</u> | <u>TINA R. TWEETEN</u> | <u>309 REEVES ST.</u> |
| | <input checked="" type="checkbox"/> Add | | | <u>CELEBRATION, FL</u> |
| | <input type="checkbox"/> Remove | | | <u>34747</u> |
| 2) | <input type="checkbox"/> Change | _____ | _____ | _____ |
| | <input type="checkbox"/> Add | | | _____ |
| | <input type="checkbox"/> Remove | | | _____ |
| 3) | <input type="checkbox"/> Change | _____ | _____ | _____ |
| | <input type="checkbox"/> Add | | | _____ |
| | <input type="checkbox"/> Remove | | | _____ |
| 4) | <input type="checkbox"/> Change | _____ | _____ | _____ |
| | <input type="checkbox"/> Add | | | _____ |
| | <input type="checkbox"/> Remove | | | _____ |
| 5) | <input type="checkbox"/> Change | _____ | _____ | _____ |
| | <input type="checkbox"/> Add | | | _____ |
| | <input type="checkbox"/> Remove | | | _____ |
| 6) | <input type="checkbox"/> Change | _____ | _____ | _____ |
| | <input type="checkbox"/> Add | | | _____ |
| | <input type="checkbox"/> Remove | | | _____ |

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APPROVED
AND
FILED

13 NOV 25 PM 2:37

The date of each amendment(s) adoption: _____
date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____

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)

ANTHONY G. NALDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)