

P14000100526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

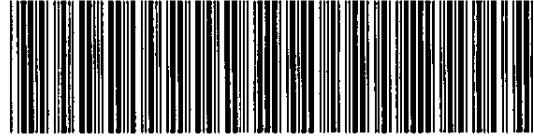
(Business Entity Name)

(Document Number)

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*Name Change  
Amended*

06/19/15--01004--015 \*\*35.00

FILED  
JUN 19 PM 4:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015

A RAMSEY

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OASIS Champagne Inc

DOCUMENT NUMBER: P14000100526

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

Please return all correspondence concerning this matter to the following:

Tony Alvarez  
Name of Contact Person

10404 W SR 84 # 105  
Firm/ Company  
Address

Danie, FL 33324  
City/ State and Zip Code

DatAlvarez@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Alvarez at ( 305 ) 308 9696  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

OASIS Chiropractic INC

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

P14000100526

(Document Number of Corporation, if known)

FILED

JUN 19 PM 4:10

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:

Oceans Chiropractic INC

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)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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

NA  
(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

NA  
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)*

*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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                         SV      Sally Smith

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <input type="checkbox"/> Change   | _____        | _____       | _____          |
| <input type="checkbox"/> Add         | _____        | _____       | _____          |
| <input type="checkbox"/> Remove      | _____        | _____       | _____          |
| 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      | _____        | _____       | _____          |

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**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)

N/A

The date of each amendment(s) adoption: 6/11/15, if other than the date this document was signed.

Effective date if applicable: 6/11/15  
(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 document'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 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 6/11/15

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)

Tony Alvarez  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Electronic Articles of Incorporation  
For**

P14000100526  
FILED  
December 17, 2014  
Sec. Of State  
sgilbert

OASIS CHIROPRACTIC INC

→ Oceans Chiropractic Inc

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

OASIS CHIROPRACTIC INC

**Article II**

The principal place of business address:

331 NE 167 ST  
NORTH MIAMI BEACH, FL. 33162

The mailing address of the corporation is:

331 NE 167 ST  
NORTH MIAMI BEACH, FL. 33162

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

TONY A ALVAREZ  
10404 W SR 84  
UNIT 105  
DAVIE, FL. 33324

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TONY ALVAREZ

P14000100526  
FILED  
December 17, 2014  
Sec. Of State  
sgilbert

### **Article VI**

The name and address of the incorporator is:

TONY ALVAREZ  
10404 W SR 84  
UNIT 105  
DAVIE, FL 33324

Electronic Signature of Incorporator: TONY ALVAREZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
TONY A ALVAREZ  
10404 W SR 84  
DAVIE, FL. 33324 US

### **Article VIII**

The effective date for this corporation shall be:

01/01/2015