## P15000008115

(Requestor's Name)
(Address)
(Address)
(City/State/Fin/Dhone 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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95/13/24--01013--019 \*\*35.00

SECRETARY OF STATE
TALLAHASSEE, FL



## REF. NUMBER: W24000094500

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MCCLIINTOCK C	ORP		
DOCUMENT NUMB	D15000088115			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	tter to the following:		
F	Kelly Sinclair-McClintock			
_		Name of Contact Person		
<u>:</u>	McClintock Corp			
~		Firm/ Company		
3	372 Cape May Ave			
-	Address			
1	Ponte Vedra, FL 32081			
_	City/ State and Zip Code			
į	kellyatsolutions@gmail.com			
-	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, pleas	se call:		
Kelly Sinclair-McClintock at (330 705-7908  Name of Contact Person Area Code & Daytime Telephone Number			705-7908	
Name of Contact Person		Area Co	le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee ALREADY SUBMITTED	☐\$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		Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303	

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IMPORTANT NOTE: THIS REQUEST WAS ORIGINALLY SUBMITTED TO YOU IN APRIL 2024 TO CHANGE OUR BUSINESS NAME, AS THE ORIGINAL DOCUMENTATION WAS SUBMITTED WITH A SPELLING ERROR. HOWEVER, YOUR AGENCY RETURNED THIS APRIL SUBMISSION BECAUSE THE REQUESTED NAME WAS ALREADY TAKEN. THEREFORE I AM RESUBMITTING THE ATTACHED NAME CHANGE REQUEST & HAVE VERIFIED THAT THE NEW NAME IS AVAILABLE. THE \$35 FILING FEE WAS ALREADY SUBMITTED AND CASHED BY YOUR AGENCY.

REF. NUMBER: W24000094500

## Articles of Amendment to Articles of Incorporation of

MCCLIINTOCK CORP	

WEELINTOCK COKI	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P15000088115	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
McClintock Wellness Corporation	The new
	ution," "company," or "incorporated" or the abbreviation "Corp" "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>55</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	<u></u>
Name of New Registered Agent	——————————————————————————————————————
	FÃ A 7
	Florida street address)  Florida
New Registered Office Address:	.110/104
Non Desistant Agent's Cignesson of shouring Desistant	ed Agent:
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e), F S.

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	PI	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Cade McClintock	372 Cape May Ave
x Add			Ponte Vedra, FL 32081
Remove			
2) Change			
Add			
Remove Change			
Add			<del></del>
Remove			TACKE
4) Change	<del></del>		——————————————————————————————————————
Add			<u> </u>
Remove			所 で こ
5) Change			— <u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
F. If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		
	TA LAMAS SEE FL	2024 SECF	
	A	2024 AUG -8 PH 2: 24 SECRETARY OF CT	FILED
	Sign	H.	
	FLA E	2: 24	

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The date of each amendment(s) ac	loption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 70 days after amenament file date)	
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sfficient for approval.	)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07-26-24 Dated		
selected	rector, president or other officer—if directors or officers have not been l, by an incorporator—if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Kelly Sinclair-McClintock	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	SEC SEC
		ORE
		ATA S
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		HE R
		SECRETARY OF STATE
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