

P19 0000 83408
~~619 0000 29554~~

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

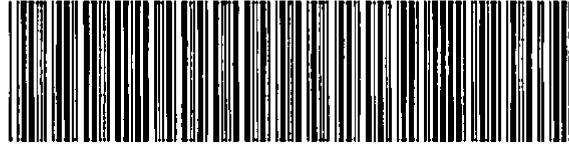
(Document Number)

Certified Copies _____ Certificates of Status _____

2/8/21

Special Instructions to Filing Officer:

Office Use Only



700355689747 ✓

11/30/20--01020--013 **95.00

S. TAYLOR

FEB 10 2021

Amel

2021 FEB -8 AM 8:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 11 11:19

January 15, 2021

CAMERON W. BYRD
MESSAGE ALCHEMIST, INC
1301 SEMINOLE BLVD. SUITE 141
LARGO, FL 33770

SUBJECT: MESSAGE ALCHEMIST, INC
Ref. Number: P19000083408

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY. PLEASE COMPLETE THE ATTACHED FORM AND RESUBMIT THIS FORM ONLY.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00001007

COVER LETTER

Division of Corporations
Amendment Section

NAME OF CORPORATION: Massage Alchemist, Inc.
DOCUMENT NUMBER: 19000083408

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

Please return all correspondence concerning this matter to the following:

Cameron Byrd
Name of Contact Person
Massage Alchemist, Inc.
Firm/ Company
1301 Seminole Blvd. Ste 141
Address
Largo, FL 33770
City/ State and Zip Code
Feelgood@massagealchemist.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cameron Byrd at (317) 488-8933
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:

- ☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Massage Alchemist, Inc.

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

P19000083408

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to Articles of Incorporation:

If amending name, enter the new name of the corporation:

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."

Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

*1301 Seminole Blvd. Ste 141
Largo, FL 33770*

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 _____

(Florida street address)

New Registered Office Address: _____ Florida _____
(City) (Zip Code)

By 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.

Signature of New Registered Agent, if changing

Check if applicable

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

Type of Action (check One)	Title	Name	Address
<input checked="" type="checkbox"/> Change	<u>V</u>	<u>Benjamin Brown</u>	<u>116 146th Ave E.</u> <u>Madeira Beach, FL 33708</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

ESIDENT CAMERON W. BYRD IS NOW SOLE OWNER OF THE MASSAGE ALCHEMIST.

Effective date of each amendment(s) adoption: June 25th, 2020, if other than the date this document was signed.

Effective date if applicable: June 25th, 2020
(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.

Method of Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated 02/04/21

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)

Cameron W. Byrd
(Typed or printed name of person signing)

President
(Title of person signing)