

lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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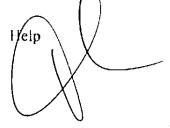
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JEPSEN CHIROPRACTIC WELLNESS CENTER INC.

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Corporate Filing Menu



2024-09-18 09:19:39 PDT

LegalZoom com, Inc.

From: Candaca Pringle

From: Jepsen Chiropractic Fax: 12394650656

To: 3233890597 Fax: (323) 389-0597

Page: 2 of 6

09/10/2024 8:00 PM

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JEPSEN CHIE	ROPRACTIC WELLN	NESS CENTER INC.		
DOCUMENT NUM	BER: P23000077123				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Mike Town				
		Name of Contact Person	(1		
	LegalZoom.com, Inc.				
	the second combination of the control of the contro	Firm' Company			
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	jepsenchiropractic@gmail.co	om		HASSEE.	PH
	E-mail address: (to be u	sed for future annual report	notification)	. सुर	2024 SEP 18 PH 12: 55
				77.72	. U
For further informatic	on concerning this matter, plea	se call:		,.	. •
Mike Town		800 at (	773-0888 ext. 9724		
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	жі. 	
Enclosed is a cheek fe	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

To: Page, 4 of 7 2024-09-18 09:19:39 PDT

LegalZoom.com, Inc

From: Candace Pringle

From: Jepsen Chiropractic Fax: 12394650656

To: 3233890597 Fax: (323) 389-0597

Page: 3 of 6

09/10/2024 8:00 PM

Articles of Amendment to

	icorporation I		
JEPSEN CHIROPRACTIC WELLNESS CENTER INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of St	ate)	
P23000077123			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts th	ie following amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
			gw
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.4.	A professional corporation name n	abbreviation "Corp. sust contain the wo	." rd
B. Enter new principal office address, if applicable:	3960 RADIO RD STE 110	2021 3: 1	_
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NAPLES, FL 34104	SEP	T
		VHV <b>81</b>	ζ . «π <del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3960 RADIO RD STE 110	<b>PH 12:</b>	
	NAPLES, FL 34104	: 55	
	<u> </u>	<u>he</u>	
(Florida s	treet address)		
New Registered Office Address:	(City)	da	-
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the	· position.	
Signature of New .	Registered Agent, if changing		
Charle if a police blo			

## Check if applicable

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

To: , Page: 5 of 7

Example:

2024-09-18 09:19:39 PDT

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From: Candace Pringle

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Page: 4 of 6

09/10/2024 3:00 PM

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; CEO = 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 Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	$\underline{\mathbf{S}}\underline{\mathbf{Y}}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	Jepsen, Megan	3960 RADIO RD STE 110
Add			NAPLES, FL 34104 2 5 FD 17
Remove 2) X Change	TSD	Jepsen, Andrew	3960 RADIO RD STELIO
Add			NAPLES, FL 34104 FT NAPLES
Remove 3)Change			——————————————————————————————————————
Add			and a state of the
Remove 4) Change	- <u></u>		
Add			
5) Change			
Add			<del></del>
Remove 6) Change			
Add	,,		
Remove			

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lepsen Chiropractic	Fax; 12394650656	To: 3233890597	Fax: (323) 389-0597	Page: 5 of 6	09/10/2024 8:0	0 PM
E. <u>If amending</u> (Attach <i>adduu</i>	or adding addition; onal sheets, if necess	al Articles, enter change sary) (Be specific)	(s) here:			
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					S	
F. If an amends	nent provides for a	n exchange, reclassificate amendment if not con	tion, or cancellation of twined in the emendment	issued shares,		
	pplicable, indicate N		thines in the antendance	111, 11, 20, 11.		
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To:

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om: Jepsen Chiropractic	Fax; 12394650656	To: 3233890597	Fax: (323) 389-0597	Page: 6 of	6 09/10/2024 3	:00 PM
The date of each date this documen		nption:			, if other	r than the
Effective date if a	pplicable:		n 90 days after omendm			-
		(по тоге ена	n 90 aays aper omenam	ет зне аагел		
		eck does not meet the ap artment of State's record		requirements, this da	te will not be list	ted as the
Adoption of Ame	ndment(s)	( <u>CHECK ONE</u> )				
The amendmen action was not	•	ted by the incorporators.	or board of directors wit	hout shareholder actic	on and shareholds	St.
		ted by the shareholders. Scient for approval,	The number of votes ca-	a for the amendments	s)	
musi be separa	itely provided for e	wed by the shareholders ach voting group entitled or the amendment(s) was.	t to vote separately on th	e amendment(s)	ent	
THE HAI				J. C. A.	20	
by		(voting group)		<del></del> ·"	2024 SI	
		(10ding group)			Ť.	
1	Dated DH/	10/2024			18 PHI2:	
:		Lu Jan			<u></u>	
		ector, prematent of other of by an incorporator—if in			— : ·	
		d fiduciary by that fiducia		trustee, or other cour	( F <b>O</b> 1	
	į	Andrew Jepsen				
	_	(Typed or print	ted name of person signi	ng)		-
	ī	теаѕитег				
	_	(Title of persor	ı signing)		•	•

To: