546904

(Re	questor's Name)	
(Ad	dress)	
·	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
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·	siness Entity Nan	•
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Eiling Officer	
Special instructions to	Filing Officer.	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PORT Charlotte School Name of Corp. DOCUMENT NUMBER: 54690	of of Massage Therapy FINC
The enclosed Amendment and fee are submitted for	
Please return all correspondence concerning this m	natter to the following:
JACQUELINE M. DE Name of Contact Person	Turk
Port Charlet School of Mana	ge therapy, inc
13491 NE 20 TH /	WE_
TRENTON FL 3 City/State and Zip Code	2693
E-mail address: (to be used for future annual report	olo gmaile com
For further information concerning this matter, ple	ase call:
ACQUENINE DE TURK at (,) Name of Contact Person	352 949-6688 rea Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$35.00 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)
Amendment Section Amen Division of Corporations Divisi P.O. Box 6327 Clifto	t Address: dment Section ion of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Port Charlotte School of Mass	age Therapy, luc
(Name of Corporation as currently filed with the F	locida Dept. of State
546904	As =
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t amendment(s) to its Articles of Incorporation:	this Florida Profit Corporation adopts the following 7
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp., name must contain the word "chartered," "professional association,	' "Inc," or "Co". A professional corporation"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	315 S. MAIN ST Chiefland, FC
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32626 315 S. MAIN ST. Chiefland FL. 32626
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent: JACQUELING	E DE TURK - DO TH AVE
(Florida stre	eet address)
New Registered Office Address: TRENTON (City)	J, Florida <u>FL 316</u> 93
N	

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.

One of the position. Signature of New Registered Agent, if changing

the record to be. Please	indicate the title(s), name and address for	cers/directors of the corporation as you now want each officer/director. hore than 6 officers/directors, please list them on an
additional sheet.) Title(s)		
1) [2]	Name Translation To Track	13491 NE 20TH AVE
1)1	Jacquello Verior	/ .
	The And I	TRENTON FL 32643
2) / P	John E. DETURK	236 Tonawanda Circle MADISANVILLE TN.
		37354
3) Secretary	alexis FINA	13491 NE DOTH AVE
Ó		TRENTON PL 32693
4) TRES	Jacqueline DE TUAK	1391 NE 20 TH AVE
		TRENTON, FL 32693
5)		
, <u> </u>		
0)		
If REMOVING an office	er and/or director, please list the title(s) a	nd name of the officer/director to be removed:
Title(s) Name	<u>Title(s</u>) <u>Name</u>
DVe Sh	aun Dwyer 13	·
2)	5	

анасп аааннопс	adding additional sheets, if necessa	ry). (Be sp ———	ecific)	· 	A		
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provisions	for implementing the amendment if not contained in the amendment itself:
(if not a	applicable, indicate N/A) A } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	/V H
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he date of eac	ch amendment(s) adoption: NOV, 30, 2011
	0
Effective date <u>i</u>	
	(no more than 90 days after amendment file date)
doption of An	nendment(s) (CHECK ONE)
7 m .	
	tent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
by the share	ionacis was were sufficient for approval.
	nent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	umber of votes cast for the amendment(s) was/were sufficient for approval
h	,,
ьу	(voting group)
	ent(s) was/were adopted by the board of directors without shareholder action and shareholder
action was no	or required,
The amendm action was no	ent(s) was/were adopted by the incorporators without shareholder action and shareholder of required.
	Dated Wovember 30 2011
	Signature Jacqueline M. JETurle
	(By a dijector, 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)
•	
	DACQUELINE M. DE LURK
	(Typed or printed name of person signing)
	0.000 1 +1200
	president/CEO