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(12/2/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JSB ORTHOTICS	INC		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CATHLEEN BECKER			
		Name of Contact Person		
		Firm/ Company		
	509 PAUL MORRIS DRIVE			
		Address		
	ENGLEWOOD, FL 34223			
		City/ State and Zip Code	:	
For further informatio	E-mail address: (to be us	sed for future annual report	notification)	
CATHLEEN BECKER		at (<u></u>	373-5935	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

JSB ORTHOTICS INC

2022 AUG 15 AM 7: 44

			1010 / O /// / - 4"
(Name o	of Corporation as currently filed	with the Florida Dept. of St	अध्CRETERY OF STATE
S51369			TALLAHASSEE, FL
	(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts th	he following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	"orp," "Inc," or "Co". A prof		abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
	_		
C. Catanana and San at James St.	Sandalan		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
-			
		_	
			<u>-</u>
D. If amondian the registered agent as	addon marriatanad affica addusos in	Elusida antas tha nama af t	la .
D. If amending the registered agent ar new registered agent and/or the new		riorida, enter the name of t	<u>ne</u>
Name of New Registered Agent	CATHLEEN BECKER		
ridate by their registered tigette	509 PAUL MORRIS DRIVE	<u></u>	
	(Florida street add	lress)	
Vina Dinitia na LOGO a Chianna	ENGLEWOOD	ru:	34223
New Registered Office Address:	(City)	Flori	(Zip Code)
	·		•
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I am familiar with a	nd accept the obligations of the	e position,
	α . Q	1.	
<u> </u>	Cuchleen Be Signature of New Registe	rad Agant if changing	
	inginaare of ivew negiste	ей адет, у спинуту	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P	CATHLEEN BECKER	509 PAUL MORRIS DRIVE
Add			ENGLEWOOD, FL 34223
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>add</i>	ig or adding ad litional sheets, if	necessary).	(Be specific)	- And the Control of			
		-					
				<u> </u>			<u>.</u>
		_					
				<u> </u>			
lf an amer	idment provide	es for an eych	ange reclassif	leation, or ean	cellation of issi	ued shares.	
provision	s for implemen	iting the amer	ndment if not	contained in th	e amendment	itself:	
(if no	t applicable, ind	licate N/A)					
							
	-						
							
					-		
-							
					<u>-</u>		

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	, "	
	(voting group)	
Dated	815122 Cutreen Becker	
(By a selec	director, president or other officer – if directors or officers have ned, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	CATHLEEN BECKER	
	(Typed or printed name of person signing)	
	TRUSTEE	
	(Title of person signing)	