# POSUXXY/642

(Re	questor's Name)	
, (Ad	dress)	
(Ad	dress)	<u>,</u>
(Cit	y/State/Zip/Phone	e #)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION:L	ehigh Chiropractic Associates Corp
DOCUMENT NUMBER:		PO8000004642
The enclosed <i>Article</i>	es of Amendment and fee	e are submitted for filing.
Please return all corr	respondence concerning	this matter to the following:
_		Laz D Rodriguez  Name of Contact Person
		Name of Contact Person
_	Lehigh (	Chiropractic Associates Corp Firm/ Company
		rim/ Company
1303 Homestead Rd North #102		
Address		Address
	Lehigh Acres, FL 33936  City/ State and Zip Code	
<del></del>	info E-mail address: (to be u	@lehighchiro.com used for future annual report notification)
For further informat	ion concerning this matte	er, please call:
Laz	z D Rodriguez	at ( 239 ) 303-1139
. Name o	f Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amoun	t made payable to the Florida Department of State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of O P.O. Box 632	Section Corporations 27	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle
Tallahassee,	Г.L. 34314	2001 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of

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#### LEHIGH CHIROPRACTIC ASSOCIATES CORP

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

PO8000004642

(Document Number of Corporation (if known)

following

Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit Corporation</i> adopts the follo
A. If amending name, enter the new name of the corporation	<u>on:</u>
LEHIGH CHIROPRACTIC ASS	OCIATES INC The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	poration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1303 Homestead Rd North #102
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lehigh Acres, FL 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of New	Registered Agent, if changing
Signature of then	Tresimore a recini, ij changing

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		
	nding or adding additional Articles additional sheets, if necessary). (B		
provis	mendment provides for an exchan ions for implementing the amendment applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: December 15, 2009
Y Effective date <u>if applicable</u> :	(date of adoption is required) December 15,2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Auoption of Amendment(s)	( <u>ensertoite</u> )
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	<sup>,</sup> ,
•	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_Dec	sember 15, 2009  Democratical Region (
(B)	y a director, president or other officer — If directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
•	Laz D Rodriguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)