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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: Palm Beach Physical Medicine In |
| DOCUMENT NUMBER: P100009/9/6 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Sanford R. Topkin Name of Contact Person Ph |
| Firm/ Company |
| 1166 W. Newport Center Dr. #309 |
| Deer Field Beach, FL 334/42 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| San ford R. Topkin, at (954), 422-8422 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Palm Beach Physica | I Medicine Inc. |
|--|---|
| A = | iled with the Florida Dept, of State) |
| P10000087916 | |
| (Document Number of Co | orporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The nerve |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.A. | ". A professional corporation name must contain the: |
| B. Enter new principal office address, if applicable: | 87 N |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | 7: 0 Davi |
| | 00 |
| 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 address | s in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | PTWO |
| Name of New Registered Agent Jan Tora | K. 10pKID, K59, |
| 1166 W. A | Dew Jort Center Dr. #309 |
| New Registered Office Address: Deer Field | Beach , Florida 3344/2 |
| (C. | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | |
| Signature of New Reg | istered Agent, if 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)

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) | <u>Title</u> | Name | Address |
| 1) Change | P | Ryan A. Grand | P.O. Box 16836 West Palm Beach R |
| Add | | V | West Palm Beach, R |
| X Remove | | | |
| 2) Change | P | Jonathan Grand | P.O. Box 16836 West Palm Beach FL |
| Remove | | | 37416 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | <u> </u> | | |
| Add | | | |
| Remove | | | |

| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) All Shares owned by RYAA Chana Have Deer Transfer Strang To Jon Chano Who Shares Sole owners to Shares Sole owners. | | nending or adding additional sheets, if nec | | | | |
|--|----------|---|--------------|----------|---------------------------------------|------------------|
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) All Shares owned by RYAN CRANA Have Deen Transfrage of TO JON CRANO wh | | | | | | <u> </u> |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) All Shares owned by RYAN CHANA Have DECA TRANSFREED TO JON CRAND WA | | | | | | |
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| The date of each amendment(s) adoption: 11-5-16 | 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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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 | |
| (voling group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated10-31-16 | |
| 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) | |
| Ryan A Grand [Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |