

P13000042757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

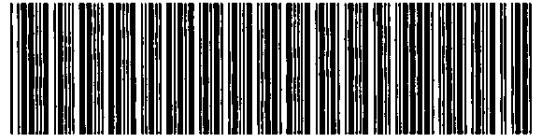
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900249825989

09/24/13--01000--009 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP 24 PM 3:12

FILED

C. LEWIS  
OCT 1 2013  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** #1 CANADIAN AMERICAN INTERNATIONAL CLINICS, INC.

**DOCUMENT NUMBER:** P13000042757

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTY ANN RUIZ, President  
(Name of Contact Person)

#1 CANADIAN AMERICAN INTERNATIONAL CLINICS, INC.  
(Firm/ Company)

1940 N.W. 13th St., Bldg. 12, Apt. D  
(Address)

Delray Beach, FL 33445  
(City/ State and Zip Code)

For further information concerning this matter, please call:

BETTY ANN RUIZ, President at ( 561 ) 267-9588  
(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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status 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  
of

FILED

13 SEP 24 PM 3:12

#1 CANADIAN AMERICAN INTERNATIONAL CLINICS, INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P13000042757

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

n/a

*The new name must be distinguishable and contain the word "corporation", "company", or "incorporated" or the abbreviation "Corp.", "Inc.", or Co., " or the designation "Corp.", "Inc.", or "Co." A professional corporation name must contain the word "chartered", "professional association", or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

1940 N.W. 13th St., Bldg. 12, Apt. D

Delray Beach, FL 33445

**C. Enter new mailline address, if applicable:**

(Mailing address MA Y BE A POS T OFFICE B OX)

1940 N.W. 13th St., Bldg. 12, Apt. D

Delray Beach, FL 33445

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

BETTY ANN RUIZ

New Registered Office Address:

1940 N.W. 13th St., Bldg. 12, Apt. D

(Florida street address)

Delray Beach

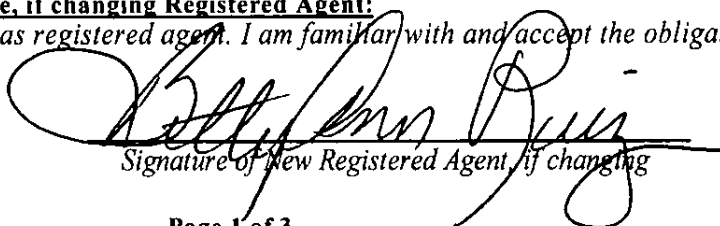
(City)

Florida 33445

(Zip Code)

**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.*



Signature of New Registered 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	BETTY SCHEMPP	1841 NW 18th Ave., #104 Delray Beach, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	BETTY ANN RUIZ	1940 N.W. 13th St., Bldg. 12, Apt. D Delray Beach, FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
*(attach additional sheets, if necessary). (Be specific)*

n/a

---



---



---



---



---



---



---

F. 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)*

n/a

---



---



---



---



---

The date of each amendment(s) adoption: 9/16/2013

Effective date if applicable:

*(no more than 90 days after amendment file date)*

**FILED**

13 SEP 24 PM 3: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_  
*(voting 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.

Dated 9/16/2013

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)*

BETTY ANN RUIZ, President

*(Typed or printed name of person signing)*

President

*(Title of person signing)*