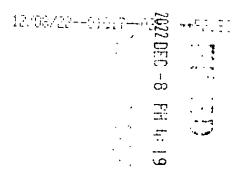
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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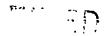
COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pompano Beach Chiropractic Clinic, PA					
DOCUMENT NUMBER: 693442	· · · · · · · · · · · · · · · · · · ·				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:				
Jason Cheshire. DC					
	Name of Contact Person				
Pompano Basak (Philosophy Clinic DA				
Fompano Beach (Pompano Beach Chiropractic Clinic, PA Firm/ Company				
	, ,				
6751 N. Federal F	· · · · · · · · · · · · · · · · · · ·				
	Address				
Boca Raton, FL 3					
	City/ State and Zip Code				
drjason@lighhousemedi	icalcenter.com				
	sed for future annual report notification)				
For further information concerning this matter, please	se call:				
Jason Cheshire, DC	at (954) 943-1044				
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:					
■ S35 Filing Fee ■ S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of



	2022 DEC -8 PH to: 19		
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
	93442		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Pompano Beach Chiropractic Clinic, Inc.	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	4 NE 4th Avenue		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pompano Beach, FL 33060		
C. Enter new mailing address, if applicable:	4 8 17 4 4 4 4		
(Mailing address MAY BE A POST OFFICE BOX)	4 NE 4th Avenue		
	Pompano Beach, FL 33060		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent			
(Florida st	reet address)		
New Projection of Office Addresses	, Florida		
New Registered Office Address:	(Ciṇ') (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar			
	Registered Agent. if changing		
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	idding additional Ar I sheets, if necessary).	(Be specific)	zetz) nere:			
N/A						
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If an amendmen	t provides for an exemplementing the am	change, reclassific	ation, or cancella	ation of issued sha	ares,	
(if not appli	icable, indicate N/A)		meanica m m an	The state of the s		
N/A						
				,		
						
						<u>. </u>

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The date of each amendment(s) adoption: _ date this document was signed.	November 16, 2022	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing required f State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes cast for t r approval.	he amendment(s)
	he shareholders through voting groups. The fag group entitled to vote separately on the ame	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
(
Dated12_1/22		
Signature		
(By a director, prosected, by an in	esident or other officer – if directors or officers corporator – if in the hands of a receiver, truste ry by that fiduciary)	
Jason	Cheshire, DC	
	(Typed or printed name of person signing)	
Presic		
	(Title of person signing)	