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Office Use Only



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2018 NOV 19 AHIL: 43 SECRETARY OF STATE

HOV 28 2018

COVER LETTER

| COVERLETTER |
|---|
| TO: Amendment Section Division of Corporations |
| NAME OF CORPORATION: DR. Alan H. Manbell P.A. |
| DOCUMENT NUMBER: 56/68 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Alan H. Mandell Name of Contact Person Mandall Chiropractic Center Firm/ Company 20334 NW 2ND Avenue Address MIAMI FZ 33169 |
| City/ State and Zip Code |
| Motivationaldoc @yahoo.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Alam H. Mandocll at (305) 654-9100 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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is cuclosed) Certificate of Status Certificate Opy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

| | to | | | - 2 |
|---|--------------------------------|------------------------|----------------------|----------------------|
| | Articles of Incorpo | ration | ٠ <u>٠</u> . ن | and the second |
| T 1. | of factor | | 37.3 | Go Of the |
| DR. Ala | NH. MA | WDell P | A . `* | 经 6 |
| (Name of Corporat | tion as currently file | d with the Florida D | ept. of State) | Sold The |
| TE | 56168 | | | |
| | ment Number of Cor | noration (if known) | | |
| | | • | | 3//6 |
| Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation: | la Statutes, this <i>Flori</i> | da Profit Corporation | adopts the follow | zing amendment(s) to |
| A. If amending name, enter the new name of the c | corporation: | | | |
| | | well P.A | _ | |
| | | | | Thenew |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | p, " "Inc, " or "Co". | A professional corp | | |
| B. Enter new principal office address, if applicable | le: | | | |
| (Principal office address <u>MUST BE A STREET AD</u> | | | | |
| | _ | | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | (1X) | | | |
| (braining datatess MEAT BL. AT OST OFFICE DO | | | | |
| | _ | | | |
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| | | <u> </u> | | |
| D. If amending the registered agent and/or registe | | n Florida, enter the i | name of the | |
| new registered agent and/or the new registered | <u>l office address:</u> | | | |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida street ac | ldress) | | <u> </u> |
| | • | | | |
| New Registered Office Address: | (City | F. | Florida | in Code) |
| | (CII) | , | 121 | (p Code) |
| | | | | |
| New Registered Agent's Signature, if changing Re | aristanad Agant: | | | |
| I hereby accept the appointment as registered agent. | I am familiar with a | and accept the obligat | ions of the position | n. |
| | | • | - - | |
| ()2 | MA | 1 | 2 | |
| | | | | |

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)

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 Do | <u>oe</u> | |
|-------------------------------|--------------|-------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Si | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | · · · · | _ | | |
| Remove | | | | |
| Kemove | | | | , |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| Attach additional sheets, if necessary | rticles, enter change(s) here: . (Be specific) | |
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| f an amendment provides for an e | change, reclassification, or cancellation of | issued shares, |
| provisions for implementing the a | tendment if not contained in the amendme | ent itself: |
| (if not applicable, indicate N/A) | | |
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| The date of each amendment(s) adoption: | , if other than |
|--|-----------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : NOV 1, 2018 | |
| (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 vidocument's effective date on the Department of State's records. | vill not be listed as |
| 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 | |
| Signature Dend | |
| (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) | |
| (Typed or printed name of person signing) | |
| | |
| President | |

the

the

(Title of person signing)