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| (Requestor's Name) | _ |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | — |
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| Certified Copies Certificates of Status | |
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TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: NC Florida Chiropractic Society, NOS 00000 3185 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN D FRAZILLE X CHEROPRACTIC ASSOCIATES OF CONA 1107 E SILVER SPETES BLUD For further information concerning this matter, please call: Person) at (352) 732-880/ (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$35 Filling Fee 2 \$43.75 Filing Fee & ☐ 543.75 Filing Fce & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

| 01 | |
|--|---|
| NC Florida Chiropractic Society, Inc (Name of corporation as currently filed with the Florida Dept. of State) | ø |
| (Name of corporation as currently filed with the Florida Dept. of State) | |
| (Document number of corporation (if known) | į |
| (Document number of corporation (if known) | į |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: | |
| NEW CORPORATE NAME (if changing): | _ |
| mid-Florida Chiropractic Society, Inc. | Ë |
| (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like importing language; "Company" or "Co." may not be used in the name of a not for profit corporation) | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article | |
| Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) | |
| | |
| PLEASE ASSEON EIN # 59-2119199 to | |
| THIS CARPORATION. TRAK YOU. | |
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| (Attach additional pages if necessary) (continued) | |
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| The date of adoption of the amendment(s) was: |
|---|
| Effective date if applicable: 04-01-05 (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval. |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. |
| Signed this 4 Th day of Arese, 2005 |
| Signature \(\lambda \tag{\tag{\tag{Signature}} |
| (By the chairman or vice chairman of the board, president or other officer- if directors flave not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| JOHN D FRAZER OC |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |

FILING FEE: \$35