N9900003990

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> 10 R) 4 /27/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HEALING AR	TS ALLIANCE, INC	
DOCUMENT NUM	BER: N9900003990		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
		CUNNINGHAM	NAME OF THE OWNER, WAS ASSESSED.
	(Name of	f Contact Person)	
	CUNNINGHA	AM CHIROPRACTIC	
	(Fim	n/ Company)	
	5300 T	rout Tra	
	(Address)	
	TALLAHA	SSEE, FL 323 (l	
		ate and Zip Code)	······································
		iro@aol.com d for future annual report no	ification)
For further information	on concerning this matter, pleas	e call:	
Spencer Ingram		at (850) 877-	8099
(Name	of Contact Person)	(Area Code & Da	aytime Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departs	ment of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		Street Address Amendment Section of Corporation Building 2661 Executive Corporation Full Section Full Full Full Full Full Full Full Ful	erations Tenter Circle

FILED

Articles of Amendment

Articles of Incorporation III APR 27 PM 4:51

Healing Arts Alliance, Inc. TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

N99000003990

(Document Number of Corporation (if known)

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:

	Healing Arts Alliance of the Big Bend, Inc.			
ne new name must be distinguishable of the company			corporated" or the	
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>		5300 TRO	•	
remember office was essentially the ASTAL	(KEDI NODKESS)	Tallahass	ee,F/	
	•	<u> </u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		5300 TRO	+ TRAIL	
		Tallahas	see, Fl	
		323//		
If amending the registered agent and new registered agent and/or the new			iter the name of th	
Name of New Books and Access			<u> </u>	
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	(Flori	ida street address)		
	(Flor		, Florida	
	(Flor	ida street address) (City)	, Florida(Zip Code)	
	(Flori	ida street address)	121d.	
	nanging Registered A	(City)		

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>	Address	Type of Action
			Remove
			DAdd
······································	·		
E. If amer	nding or adding additional A additional sheets, if necessary,	rticles, enter change(s) here:	
			
	·		
			•
· ·			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ac	doption: April 8, 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
have/not	chairman or vice chairman of the board president or other officer-if directors been selected, by an incorporator if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
_	Susie Howell (Typed or printed name of person signing)
	President
	(Title of person signing)

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