P00000042206

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CRESTVIEW CHI	ROPRACTIC CLINIC, IN	C			
	IBER: P00000042206					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Justin I. Remol					
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1			
	Remol Reed, P.A.					
		Firm/ Company				
	623 Harbor Boulevard, Suite	9				
	Address					
	Destin, FL 32541					
		City/ State and Zip Cod	e			
	justin@remolreed.com					
	. •	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:				
Justin I. Remol		at (502-5025			
Name	e of Contact Person		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

CRESTVIEW CHIROPRACTIC CLINIC, INC.

(Name o	f Corporation as curren	tly filed with the Florida Dept	. of State)	
P00000042206				
	(Document Number	of Corporation (if known)	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ad	lopts the following amendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A	1 10		The nev	N.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporation no		
B. Enter new principal office address,	if applicable:	N/A	30	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			골	ż
			2:	
				÷,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1078 SOUTH FERDON BLVD.		٠٠:
		CRESTVIEW, FL 32536		-
		 	<u> </u>	
		_		
D. If amending the registered agent an new registered agent and/or the new			ne of the	
Name of New Registered Agent	Jessica Schofield			
	1078 SOUTH FERDON BLVD., CRESTVIEW, FL 32536			
	(Florida s	treet address)		
New Registered Office Address:	1078 SOUTH FERDON BLVD., CRESTVIEW , Florida 32536			
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agei	<u>ıt:</u>		
l hereby accept the appointment as regist	ered agent. I am familia	with and accept the obligation.	s of the position,	
	Signature of New	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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PD		Kelley-Dukes, Anita	1078 SOUTH FERDON BLVD.
Add	_			SUITE A
X Remove				CRESTVIEW, FL 32536
2) Change	PD		Schofield, Jessica	1078 SOUTH FERDON BLVD.
X Add				CRESTVIEW, FL 32536
Remove 3) Change		_		
Add				
Remove				
4) Change		 -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	_	_		
Add				
Remove				

(Attach additi	or adding additional Art onal sheets, if necessary).	(Be specific)			
N/A					
V_/_/_\					
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			- ·		
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	_				
If an amends	nent provides for an excl	hange, reclassificati	ion, or cancellatio	n of issued shares.	
provisions f	or implementing the ame	endment if not cont	ained in the amen	dment itself:	
	oplicable, indicate N/A)				
1/A					
•					
			•	· ·	
	 .				
-		,			

August 15, 2023 The date of each amendment(s) adoption: if other than the date this document was signed. August 15, 2023 Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 (voting group) by _____ 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)