

PO1000006481

Requester's Name

Dr. Michael Haley
421 SE 4th Avenue
Pompano Beach, FL 33060

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 200003829072--0
-03/09/01--01125--004
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☒ Amendment N/C
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 MAR 21 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 14, 2001

DR. MICHAEL HALEY
421 SE 4TH AVENUE
POMPANO BEACH, FL 33060

SUBJECT: MOBILE CHIROPRACTIC PHYSICIAN, INC.
Ref. Number: P01000006481

We have received your document for MOBILE CHIROPRACTIC PHYSICIAN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one method of adoption under the fourth section.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6869.

Teresa Brown
Corporate Specialist

Letter Number: 601A00015538

Mobile Chiropractic Physician

DR. MICHAEL A. HALEY
421 S.E. 4th Avenue
Pompano Beach, FL 33060
(954) 969-8800

March 17, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Teresa Brown,

I am sending the Articles of Amendment form again in response to letter #: 601A00015538. I trust that you still hold the check for \$35.00 to process this form. Thank you for your help. Our phone number is at the top of the letterhead if we need to be reached in the future.

Sincerely,



Michael A. Haley, DC

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
01 MAR 21 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Document # PO100006481

Mobile Chiropractic Physician, Inc.
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Please change name only to

Mobilechiropractic.tv, inc.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

N/A

THIRD: The date of each amendment's adoption:

3/4/01

FOURTH: Adoption of Amendment(s) (CHECK ONE)



The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 4 day of March, 2001.

Signature

Amanda Haley - Amanda Haley
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Amanda Haley - President
Typed or printed name

Amanda Haley
Title