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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of corp	Olations.				
	RATION: MICHAUX		PRACTIC, P.A.		
DOCUMENT NUM	BER: P0100004484	<u> </u>			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	ter to the following:			
	KURTIS MICHAU	JX			
	Name of Contact Person  MICHAUX FAMILY CHIROPRACTIC, P.A.				
	Firm/ Company 4347 S US HWY 27 #A-9				
•	Address CLERMONT, FL 34711				
		City/ State and Zip Code	•		
jud	ymichaux@aol.co	m			
<u></u>	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Kurtis Michaux at (352 ) 536-1785					
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 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  Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building			
1 21		2661 Executive Center Circle Tallahassee, FL 32301			

# FILED

### Articles of Amendment to Articles of Incorporation

13 NOV 15 PH 4: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## MICHAUX FAMILY CHIROPRACTIC, P.A.

(Name of Corporation as currently filed )	with the Florida Dept.	of State)	<u> </u>
P01000044842			_
(Document Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this <i>Florida Prof</i> l	it Corporation adopts the following	ing amendment(s)
A. If amending name, enter the new name of the corpo	ration:		
			The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	Inc." or "Co". A prof		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			<del>-</del> 
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	ffice address in Florid	a, enter the name of the	
Name of New Registered Agent			
Name of Ivew Registered Agent			
<del></del>	(Florida street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:	nt the chligations of the position	
The second appointment as regimered agent. I uni	i jaminar mini and acce	pi ine oviigations of the position	

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 Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name .	Address
1) Change	S	Judy Michaux	1612 Orangethorpe Lane
Add			Clermont, FL 34711
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			Pt 178 Value 200 Table
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove		•	

izon <i>dadiliondi</i>	I sheets, if necessary).	(Be specific)	_		
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				- <del> </del>	·
				<del>~</del>	<del></del>
an amendmen	it provides for an exc	hange, reclassif	cation, or cano	ellation of issued	shares.
rovisions for i	implementing the amo	endment if not c	<u>ontained in the</u>	amendment itse	<u>lf:</u>
(if not appli	icable, indicate N/A)				
				<u> </u>	
		<u>-</u>			
					<u>-</u> -

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
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)	
(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 11/04/2013	
Signature President	<del></del>
(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)	
Kurtis Michaux	
(Typed or printed name of person signing)	
President	
(Title of person signing)	