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(Re	questor's Name)	
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TAILAHASSEE, FLORIDA

(PM) 12-29-14

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Mind, Body and Spirit Chiropractic Inc DOCUMENT NUMBER: POZOXX69644
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Firm/ Company (0220 North Federal Hwy Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 770 - 1433 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	10	
Articles	of Incorporati	or
	of	

Mind Body and	oitit Chiroproctic Inc
(Name of Corporation as currently filed with the	· · · · · · · · · · · · · · · · · · ·
PO200069644	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A A SECRIT
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the s:
Name of New Registered Agent (Florida st	ennessey orth Federal Hwy Free address)
New Registered Office Address: F+ lau da (City)	rdale , Florida 33308 (Zip Code)
New Registered Agent's Signature if changing Registered Agent I hereby accept the appointment as registered agent. If you familiar	with and accept the obligations 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.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add	d.			
Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s	
1) Change	PD	$D_{r}A_{m}$	4 E	Orta	Lezzo N. Federal Hu F+ landardak Fl	27
Add		(J	,	Ft landerdale Fl	
Remove				,	33308	
2) Change	<u>V</u> 5	2 Dr.	ose	Orta	te 220 N. Fecleral Hwy Ft landerdale	1
Add					Hwy Ft landerdale	F
Remove			_ 1	1	1 53308	
3) Change	YD_	<u> Dr. C</u>	ory-	tennesse	Ft landerdale F1	77
Add			•	·	++ landordale +1	
Remove					33308	
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
6) L Change						
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Spirit Chiroproctic Inc. on 8/15/14 from
Dr. Dose and Dr. Amy Orta. I now own
and operate the chropractic business located
at 6220 North Federal Hung It louderdale
FI 33308. I hold 100% of the rights
to the business as well as everything contained
within the business and need the name
to be transferred to myself Imediately.
To be instant () Tiget Immerily.
to do currently own all shares to
The company and operate the business at
6220 N. Federal Huy Ft Janderhale F1 33308
F. 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:
(if not applicable, indicate N/A)
- cory remossed will be tarring
over all Shares of Stock from Dr. Amy
and Jose Orta as of 8/15/14

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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 12/19/2014	
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)	
ttennessey	
(Typed of printed name of person signing)	
(Title of person signing)	