## P03000016272

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(Decision September 1)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Miller Ch	niropractic and Medical Centers Ir	اد,
DOCUMENT NUMB	er: <u>P 0300001</u>	6272	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Christop	Name of Contact Person	
-		Firm/ Company	
	720 E. Fletche	Address	
	Tampa FL	Address  33613  City/ State and Zip Code	
	- F - J -	City/ State and Zip Code	
	Shaneapre	mier miller, com sed for future annual report notification)	
	E-mail address: (to be us	ed for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
Shane	Miller	at (813 ) 903-2382	
Name o	f Contact Person	Area Code & Daytime Telephone Number	-
Enclosed is a check for	the following amount made	payable to the Florida Department of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, 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

Miller	Chiropractic ar	nd Medical	Centers	Inc.	
	•		h the Florida Dept	. of State)	
	<u> </u>	716372			
	(Docum	ent Number of Corporati	on (if known)		
Pursuant to the pro its Articles of Inco	ovisions of section 607.1006, Florida prporation:	Statutes, this Florida Pro	ofit Corporation ac	lopts the following amend	lment(s) to
A. If amending n	ame, enter the new name of the co	rporation:			
				The r	1ew
"Inc.," or Co.,"	nguishable and contain the word "co or the designation "Corp," "Inc," fessional association," or the abbrev	or "Co". A professio			
R Enter new nei	ncipal office address, if applicable:			TEAS SE	
	iddress MUST BE A STREET ADD				<b>≒1</b>
				<del></del>	T
				1000	m
				24	_ 
	ailing address, if applicable: ess <u>MAY BE A POST OFFICE BO</u> .	<b>V</b> )			_
(maning dadre	ESS MAT BE AT OUT OF THE BOX	<u> </u>		2 2	_
				<u> </u>	
	he registered agent and/or register d agent and/or the new registered (		rida, enter the nar	ne of the	
Name of !	New Registered Agent				
	···	(Florida street address)	1		
Navy Roai	stered Office Address:			. Florida	
New Nega	stereu Office Address.	(City)		(Zip Code)	_
	Agent's Signature, if changing Regi e appointment as registered agent.		ccept the obligation	s of the position.	
-			_		
	Signa	ture of New Registered A	Igent, 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)

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 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
l) Change	ST	Sherry A. Miller	25306 Oaks Blud Land Olakes, FL. 34639
Add			Land Olakes, FL. 34639
Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) here: (Be specific)	
	<u> </u>	
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· · · · · · · · · · · · · · · · · · ·		
<del></del>		
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

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The date of each amendment(s) adoption:Oldate this document was signed.	16-2020	. if other than the
Effective date if applicable:		<del></del>
(no mor	re than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the document's effective date on the Department of State's re-	he applicable statutory filing requirements, this date will necords.	ot be listed as the
Adoption of Amendment(s) (CHECK ON	NE)	
X The amendment(s) was/were adopted by the incorpora action was not required.	ators, or board of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	·	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en		
"The number of votes cast for the amendment(s)	) was/were sufficient for approval	
by(voting group		
(voting group	p)	
Dated 01-16-2020 Signature Christoph M	•	
Signature Phintph St	lue mille	
(By a director, president or o	ther officer – if directors or officers have not been  if in the hands of a receiver, trustee, or other court	
Christon	pher Shane Miller printed name of person signing)	<del></del>
(Typed or	printed name of person signing)	
Preside	in t	
(Title of p	person signing)	