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COVER LETTER

TO: Amendment Section _ Division of Corporations	
NAME OF CORPORATION: Angelic Chirop DOCUMENT NUMBER: P03000425	ractice Health Services Inc.
The enclosed Articles of Amendment and fee are submitted for filling	ng.
Please return all correspondence concerning this matter to the following	wing:
Bernice Johnson Name of Co Angelic Chiropract Firm/ Co 230 E. Park Ave. Add Lake Wales, FL City/ State at angelicchiro@aol. E-mail address: (to be used for future at	company # 27 dress 33853 and Zip Code
For further information concerning this matter, please call:	
Name of Contact Person Enclosed is a check for the following amount made payable to the	
S35 Filing Fee Certificate of Status Certified (Additiona enclosed)	Copy Certificate of Status
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of

Angelic Chiropractic & Health (Name of Corporation as currently f	Services Line.
P0300004Z500	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	230 E Park Ave
	Lake Wales, FL 33853
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	
	11 2
(Florida street	address)
New Registered Office Address: VA	, Florida
(C	ity) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	ity) (Zip Code)

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:	PT John		
X Change			•
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove			•
2) Change			
Add			
Remove			
3) Change	4 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

, ,	sheets, if necessary	v). (Be specific)				
1/ A		-				
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	_					
						
	provides for an e	xchange, reclassif	ication, or cancel	ation of issued s	hares,	
<u>f an amendment</u>			contained in the a	mendment itself:	<u>-</u>	
provisions for im		,				
f an amendment provisions for im (if not applied	<i>aore, mareate 17711,</i>					
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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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	5)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/12/2019	
Signature Resource Johnson + C	
(By a director, president or other officer - if directors or officers have not been	
effected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
Bernice Johnson D.C.	
(Typed or printed name of person signing)	
President	
(Title of person signing) .	