

PO3000078707

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(Address)

(Address)

(City/State/Zip/Phone #)

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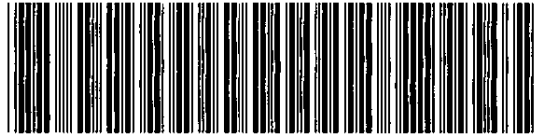
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 OCT 22 PM 12:06

PS 10/24/07
Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: West Side Chiropractor, Inc.

DOCUMENT NUMBER: PO3000078707

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coretta Anthony

(Name of Contact Person)

Anthony-Smith Law, P.A.

(Firm/ Company)

6000 Metrowest Blvd. Suite 203

(Address)

Orlando, FL 32835

(City/ State and Zip Code)

For further information concerning this matter, please call:

Coretta Anthony

(Name of Contact Person)

at (407) 299-8589

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 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
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 OCT 22 PM 12:06

Articles of Amendment
to
Articles of Incorporation
of

West Side Chiropractor, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

PO3000078707

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article V: Initial Officers and or Directors- is hereby to delete Nateshia Williams, D.C.

as the Owner/Director. Will L. Vital, 1310 W. Colonial Drive, Suite 21-23, Orlando, FL 32804 is hereby the

sole Owner and Director of West Side Chiropractor, Inc. Article VI: Registered Agent

is hereby to remain Coretta Anthony as the registered agent of West Side

Chiropractor, Inc.

Coretta Anthony is familiar with the responsibilities/obligations of registered agent.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: October 15, 2007

Effective date if applicable: October 15, 2007

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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)

☐ 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.

Signature

Nateshia Williams, D.C.
(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)

Nateshia Williams, D.C.

(Typed or printed name of person signing)

Former Owner/Director

(Title of person signing)

FILING FEE: \$35