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And

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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: USA CHIR DOCUMENT NUMBER. P0300088		HAB INC.		
DOCUMENT NUMBER: PU3000088	3070			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
JAMES J. O'H	HEARN			
	Name of Contact Perso	•		
JAMES O'HEARN	ACCOUNTING &	ASSOCIATES INC.		
2466 NE 17TI	Firm/ Company H COURT			
	Address			
JENSEN BEA	CH, FL 34957			
City/ State and Zip Code				
OHERNTAX@BELLSOUTH.NET				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
water internation concerning this matter, pie	ase can.			
JAMES O'HEARN	at (772	, 225-1136		
Name of Contact Person	Area Co	de & 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 & Certified Copy (Additional copy is enclosed)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Address Iment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED

14 OCT -6 AH 11: 31

USA CHIROPRACTOR & REHAB, INC.

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

P0300088676

(Document Number of Corporation (if known)

iment(s) to

ume must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must
Enter new principal office address, if applicable:	12677 CLASSIC DRIVE
incipal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL SPRINGS, FL 33071
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12677 CLASSIC DRIVE
(Maning and Co. MATT BE 71 TOBT OF THE BOX)	
	CORAL SPRINGS, FL 33071
If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	dress in Florida, enter the name of the sss:
Name of New Registered Agent Agent 2466 NE 17	dress in Florida, enter the name of the ss: ARN TH COURT street address)

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:	DT	•	
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	D	BERNARD DESPINOSE	1120 SUNSET STRIP
Add			SUNRISE, FL 33313
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

······· , , , , , , , , , , , , , , , ,	icles, enter change(s) here: (Be specific)
100 to 10	
VII.	
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an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	· · · · · · · · · · · · · · · · · · ·

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 amer by the shareholders was/were sufficient for approval.	idment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sh action was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated9/30/14	
Signature	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot	
appointed fiduciary by that fiduciary)	ner court
NEIL GILWIT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	