## P04000029262

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	(Req	uestor's Name	)
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	•	☐ WAIT	MAIL
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(	(Busi	iness Entity Na	me)
	(Doc	ument Number	)
Certified Copies		Certificate	s of Status
Special Instructions	to Fi	iling Officer:	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: _San	ds Chiroproctic Center, Inc.
DOCUMENT NUMBER: 70400	00029262
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Arospen Sano	Name of Contact Person)
Dr. Andraw D.	(Firm/ Company)
20601 East D	(Address) Suite 320
Aventura, FL.	33180 ity/ State/ and Zip Code)
For further information concerning this ma	
ANDREW Sands (Name of Contact Person)	at (305) 935-4150 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

## Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
P0400029262
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> :
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)
Aboreis Charge: 20601 EAST Dixie Highway
Suite 320
Aventura Florida 33180
Regulated Agest address:
20601 East Dixe Highway
(v.te. 320
Aventura, Florida 33180
ANEMORA, FLOCIDA 33 60
(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)
and the company of th
(continued)

The date of each amendment(s) adoption: 4/1/05
Effective date if applicable: 4/1/05
(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)
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>
Signed this 28 day of MArch.  Signature MACH.
(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)
Andrew Sands
(Typed or printed name of person signing)
Andrew Sands (Typed or printed name of person signing)  Projdent
(Title of person signing)

FILING FEE: \$35