P04000030386

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N.C.

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATION - NAME CHANGE.

DOCUMENT NUMBER: P 04000030386

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

Please return all correspondence concerning this matter to the following:

WILLIAM F WINTERS DC. P.A.
(Name of Person)

COASTAL FAMILY CHIROPRACTIC OF THE TREASURE COAST
(Name of Firm/ Company)

10544 SOUTH FEDERAL HWY
(Address)

PORT ST LUCIE, FL 34952
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

WILLIAM F WINTERS DC PA at (772) 337-2748
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 5, 2004

WILLIAM F. WINTERS D.C., P.A.
10544 SOUTH FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952

SUBJECT: COASTAL FAMILY CHIROPRACTIC OF MARTIN COUNTY, P.A.
Ref. Number: P04000030386

We have received your document for COASTAL FAMILY CHIROPRACTIC OF MARTIN COUNTY, P.A. and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to select only one manner of adoption on the second page of the application form.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 404A00014870

Articles of Amendment
to
Articles of Incorporation
of

COASTAL FAMILY CHIROPRACTIC OF MARTIN COUNTY P.A.

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

P04000030386

(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):

WILLIAM F WINTERS D.C. P.A. [redacted]

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

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TALLAHASSEE, FLORIDA

(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: 2/24/04

Effective date if applicable: 2/24/04
(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.

Signed this 24 day of February, 2004.

Signature _____
(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)

WILLIAM F WINTERS DC GA
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35