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SECREDARY OF STATE

Amend

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COVER LETTER

NAME OF CORPORATION: LAWRENCE R. FREE, DL., FA.

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: PO 400032363				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Dr. LAWRENCE R. FREE Dr. RICHERDIAME OF CONTACT PERSON) HOLT				
LAWRENCE RIFITM COMPANY) E. D. A.				
SOO TYRONE BLUD (Address)				
St. PETERSBURG FL 33710 (City/State/and Zip Code)				
For further information concerning this matter, please call:				
Dr. RICHARD E LEWHOLT at (727) 345-7427 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee & □ \$52.50 Filing Fee 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				

	Articles of Incorporation
	Articles of Incorporation of TALLAHASSY OF
	LAWRENCE R. FREE DC P.A. HASSELF STATE
	Name of corporation as currently filed with the Florida Dept. of State) [Name of corporation as currently filed with the Florida Dept. of State)
	P0400032363
	(Document number of corporation (if known)
	Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
<u>r</u>	NEW CORPORATE NAME (if changing):/
	$\mathcal{N}/\!\mathcal{A}$
	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)
) -	RESIGNATION & INCORPORATION DIRECTOR.
_	LAWRENCE R. FREE SUBMITTED HIS RESIGNATION
	AS PRESIDENT AND DIRECTOR OF LAWRENCE
	R. FREE DC. PA. AS OF 10-21-04
<u>D</u>	ELECTION OF NEW PRESIDENT AND DIRECTOR
_	RICHARD E. LENHOLT WAS ELECTED AS PRESIDEN
_	BY A UNANIMOUS VOTE OF THE BOARD OF DREET (Attach additional pages if necessary)
	BU A MANIMOUS WATE OF THE BOARD OF DREAT
-	(Attach additional pages if necessary)
	f 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)
-	<i>N/A</i>
-	(continued)

Articles of Amendment to

The date of each amendment(s) adoption: 10/21/04
Effective date if applicable: 10 01 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 21 st day of OLJOBEK, 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)
LAWRENCE R. FREE (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35

<u>RESIGNATION</u>
I herewith tender, and ratify and confirm, my resignation as an officer, director of Lawrence R. Free, D.C., P.A., a Florida professional corporation, d/b/a Tyrone Chiropractic Clinic, effective as of the Aday of
Dated this 2/2 day of Orlow, 3004. Lawrence R. Free
STATE OF FLORIDA COUNTY OF PINALES

DARLENS FAVE TA

No.ary Public, State of Florido (My comm. expires March 24, 2006)
No. ED103673

The foregoing instrument was acknowledged, before me this Oct 2, 20 of by Lacronic R (name of person acknowledging), who is personally known to me or who has produced (type of identification) as identification and who did (did not) take an oath.