| (Re | equestor's Name) |) |
|---|-------------------|--------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Palm Chiropra | actic & Wellness, Inc. | |
|--|---|--|
| DOCUMENT NUMBER: P04000092106 | MR RM | |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| Dr. Bruce Charest | | |
| (Name of Co | ontact Person) | |
| Palm Chiropractic & Wellne | ss, Inc. | |
| (Firm/ Company) | | |
| 710 60th Street Court East | | |
| (Ad | dress) | |
| Bradenton, Florida 34208 | | |
| (City/ State a | and Zip Code) | |
| For further information concerning this matter, plea | ase call: | |
| Dr. Bruce Charest | _at (_941)_748-7300 | |
| (Name of Contact Person) | (Area Code & Daytime Tele | phone Number) |
| Enclosed is a check for the following amount: | | |
| \$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | |

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Articles of Amendment to Articles of Incorporation of FILED

05 SEP 30 PM 12: 33

ALLAHASSEE, FLORIDA

| Thorassic Park II, Inc. | |
|--|----------------|
| (Name of corporation as currently filed with the Florida Dept. of State) | |
| | EFFECTIVE DATE |

(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):

P04000092106

| Palm Chiropractic & Wellness, Inc. |
|--|
| (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) |
| |
| |
| |
| |
| |
| (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) |

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The date of each amendment(s) adoption: September 22, 2005 Effective date if applicable: (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 (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)

FILING FEE: \$35