P04000165089

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Smith JUL 28 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Seasons Allergy and Asthma Center, P.A

DOCUMENT NUMBER: P04000165089

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

Please return all correspondence concerning this matter to the following:

Justin Clark, D.O.
(Name of Contact Person)

All Seasons Allergy and Asthma Center, P.A.
(Firm/ Company)

1025 N. Beal Parkway, Suite D
(Address)

Fort Walton Beach, FL 32547
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Justin Clark at (850) 543-5551
(Name of Contact 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

July 18, 2005

JUSTIN CLARK, D.O.
1025 N BEAL PKWY STE D
FT WALTON BEACH, FL 32547

SUBJECT: ALL SEASONS ALLERGY AND ASTHMA CENTER, P.A.
Ref. Number: P04000165089

We have received your document for ALL SEASONS ALLERGY AND ASTHMA CENTER, P.A. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page was lift off so I am sending it to you to fill out.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 905A00047034

7/27

Articles of Amendment
to
Articles of Incorporation
of

All Seasons Allergy and Asthma Center, P.A.
(Name of corporation as currently filed with the Florida Dept. of State)

P04000165089
(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):

(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.")

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TALLAHASSEE, FLORIDA

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

① Principal address: 1025 N. Beal Parkway, Suite D
Fort Walton Beach, FL 32547

② Mailing address: 1025 N. Beal Parkway, Suite D
Fort Walton Beach, FL 32547

③ Registered Agent: Clark, Justin
1025 N. Beal Parkway, Suite D
Fort Walton Beach, FL 32547

④ Officer/Director Detail: Clark, Justin - President
1025 N. Beal Parkway, Suite D
Fort Walton Beach, FL 32547

(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: 7/11/05

Effective date if applicable: 7/11/05
(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)

☑ 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 24th day of July, 2005.

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)

Justin Clark
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35

I am familiar with the obligations of becoming a registered agent for All Seasons Allergy and Asthma Center, P.A.