P050001354118

•		
(Re	questor's Name)	<u> </u>
, (Ad	dress)	
C	,	
(Address)		
	y/State/Zip/Phone	#h
(Oit	y/Otate/2ip/i-iione	")
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only



700129921487

05/22/08--01015--016 **35.00

Arrand

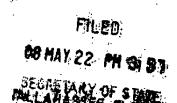
SECRETARY OF SHE

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: S.M.A. CH	IIROPRACTIC CENTER	INC	
DOCUMENT NO	JMBER: <u>P05000135418</u>	}		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
МС	RILUS DAT			
	(Name	of Contact Person)		
S.I	M.A. CHIROPRACTION	C CENTER INC		
	(Fi	rm/ Company)	<u> </u>	
710	3 IVY CROSSING LA	NE		
		(Address)	*}·	
ВО	YNTON BEACH, FL 33	436		
	(City/S	tate and Zip Code)		
For further inform	ation concerning this matter,	please call:		
MORILUS DAT		at (561) 577-58	343	
(Nam	e of Contact Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a cnec	k for the following amount:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailing A</u> Amendme		Street Address Amendment Section		
Amendment Section Division of Corporations			Division of Corporations	
P.O. Box 6	327	Clifton Building		
Tallahasse	e, FL 32314	2661 Executive Center C	ircle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



S.M.A. CHIROPRACTIC CENTER INC.

P05000135418

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

(Document number of corporation (if known)

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.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
DELETE ARTICLE VII: The initial officer(s) and/or director(s) of the
corporation is/are: Title: P, Vialerne Therlonge, 7103 lvy Crossing Lane,
Boynton Beach, FL 33436.
ADD ARTICLE VII: The initial officer(s) and/or director(s) of the corporation
is/are: Title: P, Morilus Dat, 7103 Ivy Crossing Lane, Boynton Beach, FL
33436.
(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
N/A
(continued)

The date of each amendment(s) adoption: May 15, 2008
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 Vialence Therlosser
(By a director, president or other officer of 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)
VIALERNE THERLONGE
(Typed or printed name of person signing)
PRESIDENT
(Title of course size in)

FILING FEE: \$35