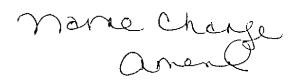
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	f:dward J Leonar DRATION:	d DC, PA	
DOCUMENT NUM	IBER:	· · · · · · · · · · · · · · · · · · ·	
The enclosed Article.	s of Amendment and fee are s	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Edward Leonard		
		Name of Contact Perso	n
	1501 Doyle Carlton Dr, Api	Firm/ Company	
	Tampa, FL, 33602	Address	
		City/ State and Zip Cod	c
ec	ldieleonard@gmail.com		
	E-mail address:	(to be used for future annua	l report notification)
For further information	on concerning this matter, plea	se call:	
Edward Leoanrd		813 at (7862339
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 633	Section Corporations	Divisio	ment Section n of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Edward J Leonard DC, PA



Name of Corporation as currently	l <u>y</u> filled	with	int f	lorida	Dept.	01	State)
	•				_		

Pursuant to the provisions of section 607.1006. Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Tampa Chiro Centers PA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS')

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V : Vice President; T : Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO : Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			_
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	<u></u>		
Add			
Remove			

	necessarv).	s, enter change((Be specific)				
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<u>lf an amendment provid</u>	les for an excl	hange, reclassifi	<u>ication, or cancell</u>	ation of issued s	hares,	
	nting the ame	<u>nament if not c</u>	ontained in the ar	mendment itself:		
provisions for impleme						
(if not applicable, in						
(if not applicable, in						
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date this document was signed.	doption:	ii outer than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(s) infficient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated		
Signature		
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Stephen Unger	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_