P00000088343

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | > #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATIONS DIVISIONS 20 AM 8: 32

Amend/CUS (1011.28.04

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Advance Chiropractic Adjustment To |
|---|
| NAME OF CORPORATION: HAVANCE Ch, roprace. C ANJOSEMENE 4 |
| DOCUMENT NUMBER: P0600088343 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Aure - Ruthe Mercier (Name of Contact Person) |
| Advance Chiropractic Adjustment Inc (Firm/Company) |
| 280 Patterson nd Suite 2 (Address) |
| Haires C. by FL 33844 (City/ State and Zip Code) |
| |
| For further information concerning this matter, please call: Aunc - Ruthe Merc; er at (863) 521 - 0677 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| Stiling Fee Status Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & \$\sum \\$ |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Mance Chiropractic Adjustment Tro (Name of corporation as currently filed with the Florida Dept. of State) |
|--|
| (Name of corporation as currently filed with the Florida Dept. of State) |
| P06 000088343 |
| (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: |
| 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.") |
| <u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>) |
| Add: |
| Vice Pres: |
| Nadine Vilne |
| Nadine Vilne 280 Patterson Rd |
| Su.te 2 |
| Suite 2 Haives City FL 33844 |
| |
| |
| |
| (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: |
|---|
| 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) |
| Nunc - Ruthe Mercier |
| (Typed or printed name of person signing) |
| (Title of person signing) |
| (Title of nerson signing) |

FILING FEE: \$35