800002676^{Page 121} Division of Corporations

Florida Department of State

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October 24, 2008

FLORIDA DEPARTMENT OF STATE

NATIONWIDE CHIROPRACTIC SERVICES, CORP 7200 NW 7 STREET SUITE 360 MIAMI, FL 33126

SUBJECT: NATIONWIDE CHIROPRACTIC SERVICES, CORP

REF: P08000026762

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Darlene Connell Regulatory Specialist II FAX Aud. #: H08000242239 Letter Number: 208A00054981



P.O BOX 6327 - Tallahassee, Florida 32314

(((H08000242239)))

Articles of Amendment to Articles of Incorporation of

NATIONWIDE CHIROPRACTIC SERVICES, CORP (Name of Corporation as currently filed with the Florida Dept. of State)

P08000026762

(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:

A. Hamending name, enter the new name of the cornoration:

			valation," or the abbreviation "P.A."
	-		Enter any principal office address, if a acipal office address <u>MUST BE A STR</u>
		DEL REPUBLISH)	ne drae office domest respective with the
		•	
			The same of the sa
			Enter new mailing address, if applical (Mailing address MAY BE A POST OF
		•	, ,
		,	
ame of the		or registered office address in Florida. existered office address: EMMA JUDITH DE LA ROSA	If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:
	·	2937 SW 17 STREET	
•			Non Begintened (1990) Address
•	<u>is)</u>	(Florida street address)	New Registered Office Address:
_{1n,} 33145	ss) , Florida 3		Gen Registered Office Address:
	_	(Florida street address)	Gen Registered Office Address:
	, Florida 3:	(Florida street address) MIAM (Gity)	New Registered Office Address: Proposition of Charles Signature, if Charles Signature,
p Code)	Florida 3.	(Florida street address) MIAM (Gity) oging Registered effect:	y Registered Agent's Signature, if chap treby accept the appointment as registe
p Code)	Florida 3.	(Florida street address) MIAM (Gity) oging Registered effect:	y Registered Agent's Signature, if chap
		(Florida street address)	GEW NESSIETEN OFFICE ANALESS:

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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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	KEVIN K REISECK	6410 MAIN ST BLD 8 APT MIAMI LAKES, FL 33014	Add . Remove
<u>P</u>	EMMA JUDITH DE LA ROSA	2937 SW 17 STREET MIAMI, FLORIDA 33146	Add Remove
			_ 🚨 Add _ 🚨 Remove
(stoch add	ng or adding additional Articles, enter ditional sheets, if necessary). (Be speci	CDRDIZE(S) HERO:	
, <u> </u>			
provision	endment provides for an exchange, recision for implementing the amendment if applicable, indicate N/A)	autification, or cancellation of issect contained in the amendment i	ned shares,
			
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The date of each amendmen	t(s) adoption: 10/21/08
Effective date if applicable:	10/21/08
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	(vating group)
•	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	10/21/08
Signature	14/1)
sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	KEVIN K REISECK
•	(Typed or printed name of person signing)
·	PRESIDENT
	(Title of person signing)

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