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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SElective	Chiropractic HealthCare
DOCUMENT NUMBER: POS 0000	<i>50</i> 283
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Dr. Judy Husby	ontact Person)
SElective Chirof	Company)
6907 Wast C	olonial drive
GRLando, FL (City/State	32818 and Zip Code)
For further information concerning this matter, ple	ase call:
Dr. Judy Husband (Name of Contact Person)	at (<u>407</u>) <u>359 - 52 > 0</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TALLATIASSEE, FLORISA

SElective Chirolycoctic Healthcare
(Name of Corporation as corrently filed with the Florida Dept. of State)

POSONO ED 2022

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

The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6907 Wast colonial drive OR Lando, FL 32818
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>

Name of New Registered Agent:

Dr. Veidy Husbands 6907 Wast colonial drive

New Registered Office Address:

(Florida street address)

(City)

Florida 328/8

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.

Dry fustands
Signature of New Gegistered 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)

<u>Ti</u>	<u>tle</u> <u>Name</u>	<u>Address</u>	Type of Action
7	P Gerald Hart	6907 West Colo.	Add Remove
	Tean Harris Hyacion	ORIGAD F	Remove
_	P Judy Husband	s 6907 West Co	Add Remove
E.	If amending or adding additional Articles, en (attach additional sheets, if necessary). (Be sport the would like the normal in	nter change(s) here: Decific)	and the last
<u>پ</u>	Hairs Hyacinthe to b	e Removed Fro	om the
<u> </u>	orporation as Presion	fent & Treason	awithen.
K	Eblace by the new 1	President a	1 Corboration
<u>آ</u>	orporation as Presidentes of the new of the seconds	as of 10-3	0-08.
•	<u>, </u>		
F.	If an amendment provides for an exchange, provisions for implementing the amendment (if not applicable, indicate N/A)		
	/V///		
_			

Th	e date of each amendment(s) adoption: <u>10 - 30- 08</u>
Eff	fective date if applicable: 11-03-08 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Ad	loption of Amendment(s) (CHECK ONE)
a	The amendment(s) was/were adopted 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)
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
Þ	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 10-30-08
	Signature The Hushands (By addirector, 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)
	DR JUBY HUSBANDS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)