P0900003134

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TO: Amendment Section
Division of Corporations

	ATION: ACCIDENT		NIC INC.
DOCUMENT NUMB	ER: P0900000313	4	
	fAmendment and see are su		
Please return all corresp	nondence concerning this man	tter to the following:	
	HANS KENNON,	ESQUIRE	
-		Name of Contact Person	1
	MORGAN & MOF	RGAN, P.A.	
_		Firm/ Company	
<u>.</u>	20 NORTH ORAI	NGE AVENUE,	4TH FLOOR
		Address	•
	ORLANDO, FL 3:	2801	
-	<u> </u>	City/ State and Zip Code	
hke	nnon@forthepeo	ple.com	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HANS KENNON		at (407	, 420-6686
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment , to Articles of Incorporation of

ACCIDENT & INJURY C	LINIC INC.			
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)		-
P09000003134				<u>-</u>
(Documer	t Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>I</i>	Tlorida Profit Corporation adop	ots the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			The new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation		bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A		_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		- - -
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name	of the	-
new registered agent and/or the nev				
Name of New Registered Agent	N/A			
•	(Florida stre	et address)		
New Registered Office Address:	N/A	, Florida	(2) (0 1)	_ - 날
New Registered Agent's Signature, if c			(Zip Code)	SECRETAR VISION OF T
I hereby accept the appointment as regist	anatura of New Registered A		у те роѕтоп.	AH III

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	KATHLEEN LEOTTA	5287 ALHAMBRA DRIVE
Add			ORLANDO, FL 32808
Remove			
2) Change	T	KATHLEEN LEOTTA	5287 ALHAMBRA DRIVE
Add			ORLANDO, FL 32808
Remove			
3) Change			40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

(Atach additional sheets, if necessary). (Be specific) WA If an amendment provides for an 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) WA	E. If amending or adding additional Artic	icles, enter change(s) here:
If an amendment provides for an 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)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If an amandment provides for an eyeb	hange reclassification or concellation of issued shares
(if not applicable, indicate N/A)	provisions for implementing the amer	endment if not contained in the amendment itself:
N/A	(if not applicable, indicate N/A)	
	N/A	

The date of each amendment date this document was signed	t(s) adoption: FEDRUARY 14, 2014	, if other than the
Effective date if applicable:	APRIL 1, 2014	
in application.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby 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 ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(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_FEE	BRUARY 14, 2014	
Signature _	Kothlem Llotta	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
•	KATHLEEN LEOTTA	
•	(Typed or printed name of person signing)	
	V/T	
	(Title of person signing)	