P09000036701

(F	Requestor's Name)
(A	Address)
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(<u>[</u>	Document Number)
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T. BROWN

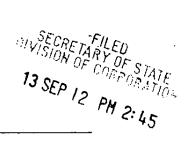
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lab Quest &	Family Chiroprac	tic Association,Inc.	
	P090003670			
	s of Amendment and fee are su			
Please return all corre	espondence concerning this ma	tter to the following:		
	Dr Snow, Robert	Shawn		
		Name of Contact Persor	า	
	Lab Quest & Fan	nily Chiropractic	Association, Inc.	
		Firm/ Company		
	1003 S. Kirkman	Rd Ste 203		
		Address		
	Orlando, FL 3281			
	Onando, i E 320 i			
		City/ State and Zip Code	e	
ed	montas@labquest	chiro.com		
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Dr Snow, Ro	obert Shawn	at (407	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	ailing Address	Street	Address	
An	nendment Section	Amend	lment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Lab Quest & Family Chiropractic Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P09000036701	
(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 amendments Articles of Incorporation:	ent(s)
A. If amending name, enter the new name of the corporation:	
Prosport Chiropractic & Wellness, Inc.	ť
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."	n
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)	
D. 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:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1)Change		_			
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add		-		_	
Remove					
4) Change		-			
Add					
Remove					
5) Change					
Add		_		_	
Remove					
remove					
6) Change	<u> </u>	_		_	
Add					
Remove					

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	red by the shareholders through voting groups. The following statement ch 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 adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 9-9-1	3	
Signature	little line how, DC	
selected, b	ctor, president of other officer - 16 directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Tobut Shawn Swow, DC (Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	Yelsi dunt	
	(Title of person signing)	