## P09000048010

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
ORIGINAL SECRETARY ORIGINAL SECRETA

C. LEWIS AUG 2 8 2013 EXAMINER

## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: DOUGLASS CHIROPRACTIC, INC P09000048010 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person DOUGLASS CHIROPRACTIC, INC Firm/ Company 4421 COMMONS DR EAST FL 32541 City/ State and Zip Code DR. DOUGLASS @ YAHOO, LOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 450 6789

Area Code & Daytime Telephone Number TIMOTHY D. DOUGLASS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

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DOUGLASS CHIROPRACTIC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P Ø 9 Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation;	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent TIMOTHY D.	DOUGLASS
	NS DRIVE EAST B-105 et address)
	,
New Registered Office Address: DESTIN (City)	, Florida 323+1 (Zin Code)
. "	(—F 3——)
New Registered Agent's Signature, if changing Registered Agent:- I hereby accept the appointment as registered agent. I am familiar wi	7 ith and accept the obligations of the position.
Signature of New Registered Ag	zent, 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:

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 <math>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.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: X_Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P/S	TIMOTHY D. OCUGLASS	4421 COMMONS OR EAST
Add			SHITE B-105
Remove			DESTIN FL 32541
2) Change	5	MALINDA B. DOUGLASS	4421 COMMONS DR BAST
Add			SUITE B-105
X Remove			DESTIN FL 32541
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
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n amendme	nt provides for an ex	vohonge veologifi	estion or sencell	ation of issued sh	0746
ordelone for	implementing the a	mendment if not c	ontained in the a	nendment itself:	41 50
PATEIONE IOL	licable, indicate N/A)	)			
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FILED

The date of each amendment() date this document was signed.	s) adoption:			13 AUG 23 PF	, if other than the
Effective date if applicable:	08/20/13		after amendment file	ECRETARY OF	STATE
	(no more i	han 90 days	after amendment file	bdafe) (#356E, I	LORIDA
Adoption of Amendment(s)	(CHECK ONE	)			
☐ The amendment(s) was/were by the shareholders was/were		s. The numb	er of votes cast for th	e amendment(s)	
☐ The amendment(s) was/were must be separately provided	e approved by the shareholded for each voting group entited	ers through v led to vote so	oting groups. The fole eparately on the amen	lowing statement idment(s):	
"The number of votes	cast for the amendment(s) w	as/were suff	cient for approval		
by	(voting group)		."		
☐ The amendment(s) was/were action was not required.			ut shareholder action	and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporator	rs without st	areholder action and	shareholder	
DatedC	18/20/13	<del></del>			
sei	y a director, president or othe lected, by an incorporator – i pointed fiduciary by that fide	f in the hand			
	TIMOTH (Type		DOUG (ASS		
	PRE	51 DEN	T person signing)		<del></del>
		(114001	or son arguing)		