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COVER LETTER

Division of Corporations "hiropractic Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ommons Drive East alass@vaboo For further information concerning this matter, please call: <u>latinda Dougla S S</u> Name of Contact Resson Enclosed is a check for the following amount made payable to the Florida Department of State: **☑\$43.75** Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Douglass Chiropracti	Filed with the Florida Dept. of Sta	
(Name of Corporation as currently	filed with the Florida Dept. of Sta	te)
<u>P Ø 9 Ø Ø Ø Ø Ø 48 Ø 1 Ø</u>		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</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:		
NIA		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the a professional corporation name mu	bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	19 DEC 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_NIN_	SSEE FLEE
D. If amending the registered agent and/or registered office address:		<u> </u>
Name of New Registered Agent NAMA		
(Florida stre	at addraws	
New Registered Office Address:	, Florida Ciņy	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the $_{ m I}$	position.
Signature of New Re	gistered 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:

 $P = President; \ V = Vice President; \ V = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 D	<u>oe</u>		
X Remove	<u>V</u>	Mike J	<u>ones</u>		
<u>X</u> Add	<u>sv</u>	Saliy S			
Type of Action (Check One)	Title	•	<u>Name</u>	<u>Addres</u> s	
1) Change	VIS). -	Malinda B. Douglass	4121 Commons Drive	, East
X Add			.	Sure B-105	
Remove				Destin FL 32541	
2) Khange	P	_	Timothy D Dauglass	4421 Commons Drive	.East
Add			J 3	Sute B-105	
Remove 3) Change		_		Destin, FL 3254	1
Add					
Remove				SEC	
4) Change				9 DEC	77
Add				26	Tarana Tarana
Remove					
5) Change		_			
Add				28 VTE	
Remove					
6) Change		_			
Add					
Remove					
			Page 2 of 4		
E. If amending or additional she		cessary).	ticles, enter change(s) here: (Be specific)		

	
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F. If an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amend (if not applicable, indicate N/A) NAP	ment itself:
Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.	if other than th
Effective date if applicable: December 21, 20	219
(no more than 90 days after amen	tment fite date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ 'The amendment(s) was/were adopted by by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) it for approval.	
	by the shareholders through voting groups. The following statement ofting 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)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
Dated De Per De	y the incorporators without shareholder action and shareholder Dec 2019	2019 DEC 26 AM 11: 28