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SECRETARY OF STATE

2010 JUL -6 PM 3: 20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: North Brov	vard Chiropractic and Wellr	ness Center, Inc
DOCUMENT NU	J MBER:	P09000050249	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Shai Karpf, D.C.	·
•	N	lame of Contact Person	
	North Broward C	Chiropractic and Wellness Cente	er
		Firm/ Company	
	6544	4 North State Road 7	<u>. </u>
		Address	
		onut Creek, FL 33073 ity/ State and Zip Code	
_	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	ler f
	Shai Karpf, D.C	at (954)81 Area Code & Daytime Tele	6-6643
Enclosed is a chec	k for the following amount m	nade payable to the Florida Departi	ment 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)
P.O. Box 6	nt Section f Corporations		

Articles of Amendment Articles of Incorporation

North Broward Chiropractic and Wellness Center, Inc.

	to			and the same of th	
	Articles of Inc	rporation		TASECTION OF PH 3.	A.
	of			25°C 44.	
North Broward Chiropr				1456	· (
(Name of Corporation as curr	ently filed with	he Florida Dept. of Sta	<u>ite</u>)	748 6 74 3.	
P09	000050249			C. C. C.	۾-
(Document Nu	nber of Corporat	on (if known),	<u> </u>	OF VE	
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statu	es, this <i>Florida Profit</i>	Corporation :	adopts the following	
If amending name, enter the new name o	of the corporation	<u>n:</u>	•		
·		_			
ne must be distinguishable and contain	the word "core	overtion " "company"	or "ingorno	The new	
reviation "Corp.," "Inc.," or Co.," or the					
e must contain the word "chartered," "pro				*	
		0544 N 04-4- 5	3		
Enter new principal office address, if ap incipal office address <u>MUST BE A STREI</u>		6544 North State F	toad /	(
incipai vijice adaress <u>m vot de A otkel</u>	(1 ADDRESS)		00070		
		Coconut Creek, Fl	_ 33073		
,		Coconut Creek, Fl	_330/3_		
		Coconut Creek, Fl			
Enter new mailing address, if annlicable	32	Coconut Creek, Fl			
		Coconut Creek, Fl	330/3		•
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		Coconut Creek, Fl	330/3	<u> </u>	•
		Coconut Creek, Fl	330/3		•
		Coconut Creek, Fl	330/3		•
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or	CE BOX)	address in Florida, en	7	 of the	
(Mailing address <u>MAY BE A POST OFF)</u>	CE BOX)	address in Florida, en	7	of the	
(Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or new registered agent and/or the new reg	CE BOX)	address in Florida, en	7	of the	•
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(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	CE BOX) registered office istered office ad	address in Florida, en	7	of the	
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(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	CE BOX) registered office istered office ad	address in Florida, entiress;	ter the name	of the	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent: New Registered Office Address:	registered office istered office ad (Flor	address in Florida, entiress; da street address)	ter the name	of the	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office istered office ad (Flor (City)	address in Florida, entiress; da street address) (Zi	ter the name , Florida p Code)		

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)

Title Name 1 Address **Type of Action** Ρ Jane Treese 9632 NW 7 Cir ☐ Add Plantation FL 33324 ☑ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

The date of each amendmen				
Effective date <u>if applicable</u> :	06-28-2010 (date of adoption is required)			
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file	e date) ' ,		
Adoption of Amendment(s)	(CHECK ONE)	<u>;</u>		
	ere adopted by the shareholders. The number ere sufficient for approval.	of votes cast for the amendment(s		
	ere approved by the shareholders through voti ed for each voting group entitled to vote sepa			
"The number of votes	cast for the amendment(s) was/were sufficient	nt for approval		
by	91	,		
	(voting group)	4		
The amendment(s) was/we action was not required.	ere adopted by the board of directors without	shareholder action and shareholde		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without share	eholder action and shareholder		
Dated 06-2	28-2010 DC			
(B)	y a director, president or other officer – if directed, by an incorporator – if in the hands of pointed fiduciary by that fiduciary)			
	Shai Karpf, D.C.	<u> </u>		
	. (Typed or printed name of pers	son signing)		
	President			
	(Title of person signing)	,		