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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ULTIMATE PERI	FORMANCE HEALTH, P.	A.	
	ER:			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
Ε	DAVID K. POCES			
		Name of Contact Person	n	
Ţ	ULTIMATE PERFORMANCE HEALTH, P.A.			
_		Firm/ Company		
P	O BOX 1088			
_		Address		
F	BOCA RATON, FL 33429			
_	11 to to 11	City/ State and Zip Cod	e	
BIORE	AD120@GMAIL.COM		V	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:	•	
DAVID K. POCES		at (302-6820	
Name of	Contact Person	Area Co) de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ULTIMATE PERFORMANCE HEALTH, P.A.			
(Name of Corporation as current)	y filed with the Florida Do	ept. of State)	
P09000064518			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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			
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corp		
B. Enter new principal office address, if applicable:	N/A	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		39 7	
			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		3
		<u> </u>	
D. If amending the registered agent and/or registered office add		ame of the	
new registered agent and/or the new registered office address N/A	<u>:</u>		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	.	
(Florida str	eet address)		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(Cii)	(Σφ Coac)	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligati	ons 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 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	JAMES VIRGILIO	1446 NW BOCA RATON BLVD.
XAdd			SUITE 103
Remove			BOCA RATON, FL 33432
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	,		
Add			
Remove			
6) Change			
			
Add			
Remove			

(Attac	ending or adding additional Articles, enter change(s) here: \(additional sheets, if necessary). \((Be \text{ specific}) \)
\/A	
	-
	.
	
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	imendment proyides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
!/A	
	

The date of each amendment(s)	MAY 1, 2019 adoption:	it other than the
that this document was signed.	adoption	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
7/9/19 Dated		
Signature	director, president or other officer – if directors or officers have not been	_
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	DAVID K. POCES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	