P10000007940

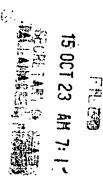
(Re	equestor's Name)	-
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





200277582082

10/23/15--01023 --013 **35.00



OCT 27 2015 T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SAL J. Pellegrine D.C. P. A DOCUMENT NUMBER: P10000007948
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
Firm/Company T3 NE 32 Ch Street Address City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of
Mailing Address 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

of
SAL J. Rellearies M.C. P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
V 1 000 000 7940)
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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."
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) \ \((Zip Códe)\)
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 positions of the positions.
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>`</u> <u>V</u>	Mike Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1),Change	<u>V</u>	Karen Kellegrisa	731 NE 32 Street
AddRemove		J	Paca Paton, FT 33/13/
2)Change			
Add Remove			4
3) Change			
Add			
Remove			The state of the s
4) Change Add			
Remove			
5)Change			
Add			William Control of the State of
Remove			
6) Change			
Add		•	
Remove			

	1
-	
A	
The second black the second se	
an amendment provides for an exchange, reclassification, or can rovisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	ncellation of issued shares, ne amendment itself:
	
	1 1 1
	// / //
	10

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after dimendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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
(voling group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Sept 23,2015
Signature (By a director, president or officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sal Pellearine
(Typed or printed name of person signing)

(Title of person signing)