P10000020690

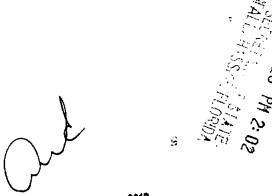
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SEP 26 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: First Chirop BER: P1000002069		nc.		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Marlen Barrios				
	Tradition T	Name of Contact Perso	n		
	First Chiropractic Center, Inc.				
	<u> </u>	Firm/ Company	 		
	5757 Riverside D	rive			
		Address			
	Cape Coral, Fl. 3	3904			
		City/ State and Zip Cod	le		
fire	tchirocenter@yah	oo com			
-1113		sed for future annual report	notification)		
	,	•	,		
For further information	n concerning this matter, pleas	se call:			
Marlen Barrio	os	at (239	, 603-9997		
Name of Contact Person			ode & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations on Building Executive Center Circle assee, FL 32301		

•	,		
	Articles of Am	pendment	The state of the s
	to Articles of Inco	rporation	SEP SEP
First Chiropractic Center	of r. Inc.		F1L P 25
	s currently filed with the Flo	oride Dent of State)	
P10000020690	· ·	Tida Dept of State)	PH 2
(Document	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	o". A professional corporation	
B. Enter new principal office address,	if applicable:	5757 Riverside Dri	ve
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	Cape Coral, Fl. 339	904
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5757 Riverside Dri	ve
		Cape Coral, Fl. 339	904
D. If amending the registered agent an		ss in Florida, enter the name of	<u>the</u>
new registered agent and/or the nev	Marlen Barrios		
Name of New Registered Agent	5757 Riverside Drive		
	(Florida stree		
New Registered Office Address:	Cape Coral	, Florida 339	904
	(City)		Zip Code)
New Registered Agent's Signature, if ch			
I hereby accept the appointment price	eria ageni. Tam Jamiliar wi.	th and accept the obligations of t	he position.
A S_{ig}	numre of New Registered Ag	ent, if changing	
\bigvee	V		

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>	Address	
1) Change	Р	Eduardo Marquez	643 Cape Coral Pkwy E.	
Add			Suite # E	
X Remove			Cape Coral, Fl. 33904	
2) Change	Р	Marlen Barrios	5757 Riverside Drive	
X Add			Cape Coral, Fl. 33904	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			**************************************	
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
To remove previous president and add current president
E If an amondment and the form and an arrange of the state of the stat
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 amendment	(s) adoption: <u>09/20/2012</u>
Effective date <u>if applicable</u> :	09/20/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and 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	(voting group)
	(voting group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 09/2	20/201/2
Signature _/	Thanky
(B	adjrector president or other officer - if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
r	
	Marlen Barrios
	(Typed or printed name of person signing)
	President
	(Title of person signing)