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Division of Corporations
Fax Number : (850)617-6380

OFFICE OFFIC

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PAIN RELIEF CLINIC OF HOMESTEAD CORP.

Certificate of Status	0
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Articles of Amendment Articles of Incorporation

## SILL ON TO PAIN RELIEF CLINIC OF HOMESTEAD Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P10000040994 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: **DANIEL COLLAZO** Name of New Registered Agent 4911 NW 4 ST (Florida sweet address) MIAMI New Registered Office Address: (City) New Registered Apent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 officeheld. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Dae 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	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	\$\Y	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PT	JOSE L ARTILES	7800 SW 4 ST
Add			MIAMI, FL 33144
X Remove			
2) Change	PΤ	DANIEL COLLAZO	4911 NW 4 ST
X Add	. 1		MIAMI, FL 33126
Remove			
3) Change			
Add			<del></del>
Remove	•		
4) Change	- <del>j.</del>		
Add			
Remove	? .		
5) Change			
Add	. ,		
Remove			
δ) Change			
Add	}		
Remove	•		

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.

Charges 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 charge, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Charge, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u> John Do</u>	00	
Mike Jo	nes	
Z Sally Sn	níth	
itle	Name	<u>Addres</u> s
/P	JOSE L ARTILES	7800 SW 4 ST
		MIAMI, FL 33144
<i>.</i>		
<u>-</u>		
<del></del>		
•		-
<del></del>	,	
	Mike Jo Sally Sr	Mike Junes  Sally Smith  ide Name

	rticles, enter change(s) here: ). (Be specific)
<del></del>	

The date of each amendment(s) adoption: 07/08/2013
Effective date if applicable: 07/08/2013
(no more than 90 days after amendment file date)
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) washvere 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 100%
(voting 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 07/08/2013
Signature X Illatities
(By a director, president or other 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)
JOSE L ARTILES
(Typed or printed name of person signing)
PRESIDENT
(Mither of person signing)