## 710000040994

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAIN RELIE	F CLINIC OF HO	MESTEAD CORP	
DOCUMENT NUMBER: P10000040994				
	of Amendment and fee are sub			
Please return all corres	pondence concerning this matt	er to the following:		
	DANIEL COLLAZ	0		
		Name of Contact Person		
	PAIN RELIEF CL		STEAD CORP	
	311 NE 8 ST SUI	Firm/ Company		
	011142 0 01 001	Address		
	HOMESTEAD, FL			
		City/ State and Zip Code		
<u> </u>	E-mail address: (to be use	ed for future annual report	notification)	
For further information	n concerning this matter, please	e call:		
DANIEL COL	LAZO	<sub>at (</sub> 786	420-8466	
Name e	of Contact Person		le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	ayable to the Florida Depa	rtment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## **Articles of Amendment Articles of Incorporation**

211.50 ₩ OCT 24 PM 3:50

## PAIN RELIEF CLINIC OF HOMESTEAD CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P10000040994

endment(s) to

(Document Number of Corporation (if known)

ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designa ord "chartered," "professional associat	ntion "Corp," "Inc," o	tion," "company," or "incorporated" or the "Co". A professional corporation name mu. 1 "P.A."
. Enter new principal office address, i	if applicable:	26051 SOUTH DIXIE HW
rincipal office address <u>MUST BE A ST</u>		NARANJA, FL 33032
Enter new mailing address, if applic		26051 SOUTH DIXIE HW
IMAILING GAAROSS MAY KE A POST (	DFFICF ROXL	
(Mailing address <u>MAY BE A POST C</u>		NARANJA, FL 33032
If amending the registered agent and new registered agent and/or the new	l/or registered office a	Idress in Florida, enter the name of the
If amending the registered agent and	l/or registered office a	Idress in Florida, enter the name of the
If amending the registered agent and new registered agent and/or the new	d/or registered office a registered office addr 26051 SOUTI	Idress in Florida, enter the name of the ess:  I DIXIE HWY  street address)
If amending the registered agent and new registered agent and/or the new	d/or registered office a registered office addr 26051 SOUTI	ddress in Florida, enter the name of the ess:

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	· · · · · · · · · · · · · · · · · · ·		
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
<del> </del>	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment date this document was signed.	(s) adoption:	, if other than the
Effective date if applicable:	10/27/2014	
Effective date it appricable.	(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) are 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)	
	(voung 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_/C	1/20/14	
Signature S		
(E	By a director, 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)	_
	DANIEL COLLAZO	
	(Typed or printed name of person signing)	<del></del>
	PT	
	(Title of person signing)	