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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: April K. Sundblom, D.C., P.A.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
April Shook Name of Contact Person Gulf Coast Newrodiagnostics Firm/ Company 1000 15th Ave North Address St. Peters burg, FC 33704 City/ State and Zip Code dr. april Shook Camail com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
April Shool at (727) 480-3151 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

APRIL K SUNDISIOM, D. C., P. A. (Name of Corporation as currently filed with the Florida Dept. of State)

P10000 5481 O
(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:					
A-FRIL K, name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association	on "Corp," "Inc," or '	'Co". A professional corpor "P.A."	ation name must contain the			
B. Enter new principal office address, if a (Principal office address MUST BE A STRI		1000 15t St. Peter	s burg, PZ			
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)			7323 burg, FL			
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						
New Registered Office Address:	(Florida st.	(City)	_, Florida(Zip Code)			
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 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 De	<u>oe</u>	1//n	
X Remove	<u>v</u>	Mike Jo	ones	N/A	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
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					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add		_			
Remove					
6) Change	-	-			
Add					
Remove					

	or adding additional sheets, if necess	ary). (Be specific)				
						
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If an amendm	ent provides for an	exchange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,	
(if not ap	pplicable, indicate N	(A)				
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	, if other than the
date this document was signed.	
Effective date if applicable:/-27-2020	
Effective date if applicable: /- 2 /- CO CO (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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	
(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	
Dated	
(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)	
April Shook	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	