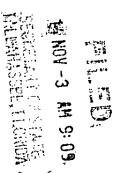
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: About Wellness Chiropractic Center, Inc.				
DOCUMENT NUMBER: P11000031660				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	Rosalyn W. Mil	ler		
		Name of Contact Person	1	
	About Wellness	s Chiropractic	Center, Inc.	
		Firm/ Company		
	9700 Stirling R	oad, #107		
		Address		
	Cooper City, Fl	L 33024		
		City/ State and Zip Cod	e	
	1,000 16	agnail com		
E-mail address: (to be used for future annual report notification)				
	·	,	·	
For further information concerning this matter, please call:				
Rosalyn W	. Miller	at (828	371-1515 de & Daytime Telephone Number	
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:				
□ \$35 Filing Fee	S43.75 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 Street Address				
	endment Section		Iment Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 Cinton Bunding 2661 Executive Center Circle				

Tallahassee, FL 32301

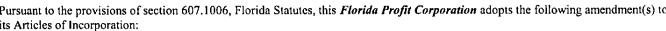
Articles of Amendment Articles of Incorporation

About Wellness Chiropractic Center, Inc.

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

P11000031660

(Document Number of Corporation (if known)



		The
	ntain the word "corporation," "company, nation "Corp," "Inc," or "Co". A profes ation," or the abbreviation "P.A."	
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
If amending the registered agent a	nd/or registered office address in Florida	enter the name of the
. If amending the registered agent a new registered agent and/or the ne	nd/or registered office address in Florida, w registered office address:	enter the name of the
new registered agent and/or the ne		enter the name of the
	w registered office address: Rosalyn W. Miller	
new registered agent and/or the ne	w registered office address:	
new registered agent and/or the ne	w registered office address: Rosalyn W. Miller 9700 Stirling Road, #	

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>	Name	<u>Addres</u> s
1) Change	V♥D	Terri Alessi Edmiston	6820 Nova Drive, #104
Add			Davie, FL 33317
Remove			
2) Change		_	
Add			
Remove			
3) Change		.	
Add			
Remove			
4) Change		_	_
Add			<u> </u>
Remove			
5) Change		_	
Add			
Remove			
6) Change		***************************************	<u></u>
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		· -		
		-		
· · · · · · · · · · · · · · · · · · ·				
		 		<u>_</u>
				<u></u>
				
	<u> </u>			
f an amendment provides for an excl	hanga raalassifisati	ion or cancellation	oficened charge	
provisions for implementing the ame	endment if not cont	ained in the amend	lment itself:	
(if not applicable, indicate N/A)				
	 .			
			 	
·				
				•

The date of each amendmen date this document was signed	t(s) adoption: October 31, 2014	, if other than the
Effective date if applicable:	October 31, 2014	
Effective date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated 10/3	31/14	
Signature _	Roselya W Miller	
(I s	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)	
u		
	Rosalyn W. Miller	
	(Typed or printed name of person signing)	
	President / Director / Stace to lder	
	(Title of person signing)	