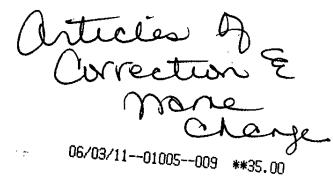
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: STRONGLIFE CHIRO	PRACTIC & NATURAL WELLNESS, Pame of Corporation	
DOCUMENT NUMBER: P1100004		
The enclosed Articles of Correction and t	fee are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Christopher C Sanders Esq.		
Name of Contact Person		
Sanders Law Group, PA		
Firm/Company		
2958 1st Avenue N		
Address		
St. Petersburg, FL 33713		
City/State and Zip Code		
jfarry @ mcquillanandcompany.com E-mail address: (to be used for future annual	ranget potification)	
12-mail address, (to be used to intere arrigar	report notifications	
For further information concerning this m	natter, please call:	
Jason Farry	at (813) 490-3994	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo	ount:	
☑ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Fallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 ununussee, 1 is 52517	Tallahassee, FL 32301	

ARTICLES OF CORRECTION FILED

for

2011 JUN -3 PH 3: 46

STRONGLIFE CHIROPRACTIC & NATURAL WELLENGS POTATE Name of Corporation as currently filed with the Florida Dept. of State LAHASSEE, FLORID.

P11000049712 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florid these Articles of Correction within 30 days of the file date of the do	a Statutes, this corporation files ocument being corrected.
These articles of correction correct Articles of Incorporation (Document Type I	Being Corrected)
filed with the Department of State on May 25, 2011 (File Date of Document)	 ·
Specify the inaccuracy, incorrect statement, or defect:	
Name of Corporation: STRONGLIFE CHIROPRACTIC & I	NATURAL WELLNESS, P.A.
	
Correct the inaccuracy, incorrect statement, or defect: Correct Name: STRONGLIFE CHIROPRACTIC & NATUR	AL HEALTH, P.A.
(Signature of a director, president or other officer - if directors or not been selected, by an incorporator - if in the hands of the rece other court appointed tiduciary, by that fiduciary.)	officers have iver, trustee, or
Christopher C. Sanders (Typed or printed name of person signing)	Incorporator (Title of person signing)
(-) k-a () bruses more () kersyn piBrusB)	(Title of Person pigning)

Filing Fee: \$35.00