Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ATRIUM CHIROPRACTIC AND REHAB, INC.

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Corporate Filing Menu

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8/25/2011



Articles of Amendment to Articles of Incorporation of

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Atrium	Chiropag	CFIC AN	o Nelia	b, Fuc	- •
(Name of Corporation as c	urrently filed with	the Florida Dept.	of State)	,	
\mathcal{P}_{II}	000069	5/23			
	Number of Corpora				
(Document)	Number of corpora	don (II Miowii)			
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		ntes, this <i>Florida P</i>	rofit Corporation	adopts the follo	wing
A. If amending name, enter the new nam	e of the corporation	<u>on:</u>			
				The new	
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "C	Corp," "Inc," or "C	Co". A professio	orated" or the	
B. Enter new principal office address, if		3900 NW	79 AUL		
(Principal office address MUST BE A STR	EET ADDRESS)	Suite	201		
•		Doral,	FC 2314	eq	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>ble:</u> FICE BOX)				
		_ SAN		_	•
D. If amending the registered agent and/o new registered agent and/or the new r			a, enter the name	of the	
He III A DESIGNATION OF THE ROTT A	- Light of Ollies wa	<u> </u>		7 E	
Name of New Registered Agent:		_		NE Z	=
New Registered Office Address:	(Flori	ida street address)	. Florida	SSEE.	ED
	(City)		(Zip Code)	3: 16) •
New Registered Agent's Signature, if char I hereby accept the appointment as registere			of the obligations	of the position	
I nerecy accept me appointment as registere		>	· ····· · · · · · · · · · · · · · · ·	2 bonstern	
-	Signature of New	Registered Agent, i	fchanging		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			Add Remove
E. If amend	ling or adding additional Ar Iditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
provision	endment provides for an exense for implementing the ament applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the ame	tion of issued shares, indment itself:

	941 3626 WindsorMeade Nursing
The date of each amendment	(s) adoption: 8 35 30 1 8 35 30 1 8 35 30 1 (date of adoption is required) (no more than 90 days after amendment file date)
Effective date if applicable:	8 95 80 (date of adoption is required)
<u> </u>	(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(ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):
	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voung group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholde
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
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action was not required. The amendment(s) was/wer action was not required. Dated	e adopted by the incorporators without shareholder action and shareholder 8 25 30 1/ a director, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court cinted fiduciary by that fiduciary)
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