P11000102969

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000011651 3)))

H120000116513ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number     : (850)617-6380

From:
        Account Name   : FILINGS, INC.
        Account Number : 072720000101
        Phone          : (850)385-6735
        Fax Number     : (954)641-4192
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED 12 JAN 13 AM 8:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PEN BACK HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$35.00

12 JAN 12 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu NC Help

KRC 1/17/12

H12000011651

Articles of Amendment
to
Articles of Incorporation
of

PEN BACK HOLDINGS, INC.

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

P11000102969

(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:**

GULF COAST BACK SPECIALISTS, INC. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

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 ____________________

____
(Florida street address)

New Registered Office Address: ____________________, Florida ________
(City) *(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

APPROVED AND FILED
12 JAN 12 PM 2: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000011651

H12000011651

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ___ Remove	______	______	______
2) ___ Change ___ Add ___ Remove	______	______	______
3) ___ Change ___ Add ___ Remove	______	______	______
4) ___ Change ___ Add ___ Remove	______	______	______
5) ___ Change ___ Add ___ Remove	______	______	______
6) ___ Change ___ Add ___ Remove	______	______	______

H12000011651

H12000011651

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary) (Be specific)

ARTICLE-1: NAME OF THE CORPORATION

THIS ARTICLE IS BEING AMENDED TO CHANGE THE NAME OF THE CORPORATION: PEN BACK HOLDINGS, INC. LOCATED AT 4227-A NORTH DAVIS HIGHWAY, PENSACOLA, FL. 32503. THE NEW NAME IS: GULF COAST BACK SPECIALISTS, INC. LOCATED AT 4227-A NORTH DAVIS HIGHWAY, PENSACOLA, FL. 32503.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

H12000011651

H12000011651

The date of each amendment(s) adoption: JANUARY 11, 2012

Effective date if applicable: ______________________
(no more than 90 days after amendment file date)

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 JANUARY 11, 2012

Signature Debra T. Cody
(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)

DEBRA T. CODY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

H12000011651