P12000043323

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	•	ness & Rehab, INC.			
DOCUMENT NUM	P12000043323 BER:				
	of Amendment and fee are sul	omitted for filing.			
	spondence concerning this mat	ř			
rease return an conte		ner to the tonoving.			
	Paul Shlugman				
	Chiropractic Wellness & Rel	Name of Contact Persor nab, INC.	1		
	Firm/ Company 16737 NE 35 Ave				
	Address North Miami Beach, FL 33160				
	City/ State and Zip Code				
	Dr_shlug@yahoo.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se call:			
Paul Shlugman		786 at (797-2412		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made [payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Chiropractic Wellness & Rehab, INC.

(Name of Corporation as cur P12000043323	rently filed with the Florida Dept. of State)	
(Document Num	ber of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 607,1006. Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation Shlugman Health and Wellness Services, INC.	on:	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation ".	". A professional corporation name must co	iation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
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 new registered agent and/or the new registered office ad-		
Name of New Registered Agent	<u>ureas.</u>	
(Flori	ida street address)	
New Registered Office Address:	, Florida,	Zip Codes
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.		ion.
Signature of N	vew Registered Agent, if changing	

Check if applicable

 $[\]square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 Due	
X Remove	<u>V</u>	Mike Jones	
X_ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3.) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
	-		
Add			
Krmove			

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- 					
					
				 	
		-			
f an amendment provides for an exc	hange, reclassific	eation, or cance	llation of issue	d shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not co	ontained in the	amendment its	<u>elf:</u>	
(7,, 7,					
		<u> </u>			

. .

The date of each amendment(s) adoptions this document was givened	on:	if other than the
date this document was signed. 01/01/20	21	
Effective date <u>if applicable</u> :	1 00 1 2 1 .01	
	tno more than 90 days after amendment file	e date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for tent for approval.	the amendment(s)
	d by the shareholders through voting groups. The fe voting group entitled to vote separately on the ame	
	se amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/01/2021		
Dated		
	MA	
Signature	- / J	
	or, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, truste	
	duciary by that fiduciary)	
Pau	l Shlugman	
	(Typed or printed name of person signing)	<u> </u>
Pre	sident	

(Title of person signing)