

P13000009610

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.

((H14000073280 3)))



H140000732803ABEZ

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 : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

FILED
14 APR -3 PM 4:01
SECRETARY OF STATE
TAMPA, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
TAMPA AVE CHIROPRACTIC CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

[Signature] 4/4/14
Electronic Filing Menu Corporate Filing Menu Help

DC



March 31, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
TAMPA AVE CHIROPRACTIC CENTER, INC.
764 D SOUTH TAMPA AVE
ORLANDO, FL 32805

SUBJECT: TAMPA AVE CHIROPRACTIC CENTER, INC.
REF: P13000009610

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document. *

SHOULD THE NAME OF THE NEW REGISTERED AGENT & NEW DIRECTOR BE THE SAME AS THE NEW DIRECTOR IS MARK SANFOR AND THE NEW REGISTERED AGENT IS MARK SANFORD????????????????? PLEASE VERIFY THESE NAMES. *

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: E14000073280
Letter Number: 914A00006820

RECEIVED
14 APR -3 AM 10:08
DIVISION OF CORPORATIONS
TAMPA, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(((H14000073280 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

TAMPA AVE CHIROPRACTIC CENTER, INC.

(Present name)

P13000009610 (DOCUMENT NUMBER)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)
The changes are as follows:

ARTICLE V - REGISTERED OFFICE AND AGENT

SANFORD MARK
840 WHITE IVEY CT
APOPKA, FL 32712

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


SANFORD MARK / Registered Agent

FILED
14 APR -3 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/26/2014

Date

ARTICLE VII - BOARD OF DIRECTORS

MAXENE CANTON, PRESIDENT (REMOVE)
764D SOUTH TAMPA AVE.
ORLANDO FL 32805

SANFORD MARK, DIRECTOR (ADD)
840 WHITE IVEY CT
APOPKA FL 32712

SECOND: 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, are as follows:

(((H14000073280 3)))

((H14000073280 3)))

THIRD: The date of each amendment's adoption: 4/03/2014

FOURTH: Adoption of Amendment(s) (CHECK ONE)


- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this

Signature


(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

or

(By a director if adopted by the directors)

or

(By an incorporator if adopted by the incorporators)

MAXENE CANTON

Typed or printed name

PRESIDENT

Title

((H14000073280 3)))