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(Re	questor's Name)	
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12/11/14

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPOR	NATION: Advance	ed spine an	d Joint Institute In			
DOCUMENT NUME	A 13 mars					
The enclosed Articles	of Amendment and fee are su	obmitted for filing.				
Please return all corres	pondence concerning this ma	utter to the following:				
	Dean M	nannales				
•		Name of Contact Perso				
	Advanced spine and Joint Institute Inc.					
•		Firm/ Company				
	10233 OK	eechobee 1	8/wd. Ste 8-6			
	Royal Palm Beach FL 33411					
•		City/ State and Zip Cod				
Di	dean @ Advan	cedspine and J	Tant. Com			
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, please	se call:				
Dean Ma	mmales	m 561	, 95/-5777			
Name o	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depi	ariment of State:			
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy			
		enclosed)	(Additional Copy is enclosed)			
Mailing Address		Street	Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation (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: 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: 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

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	<u>Doe</u>					
X Remove	V Mike	Mike Jones					
X Add	<u>SV</u> <u>Salb</u>	/ Smith					
Type of Action (Check One)	Title	Name:	Address				
1) Change	1)	Darrin Frye	10233 Okeethobee Blu,				
Add			ste, B -6				
Remove			Royal polm Boack, FL 33411				
2) Change							
Add							
Remove			,				
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change			- Address - Addr				
Add							
Remove							

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E. If amend	ing or addin	g additional	Articles, en	ter change(s) here:			
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provisio	<u>ns for imple</u>	wides for an ementing the so, indicate N/A	mendment	eclassification if not conta	in, or cancell ined in the ai	ation of issue nendment itse	i shares, lif:	
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	12-10-14	
The date of each amendment(s) adoption: date this document was signed.	12-10-14	, if other than the
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 was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	."	
by	voting group)	
action was not required.	he board of directors without shareholder action and shareholder he incorporators without shareholder action and shareholder	
Dated 12-10-1	<i>y</i>	
Signature(By a director, pr	resident or other officer - if directors or officers have not been	 _
selected, by an ir appointed fiducia	neorporator — if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	Dean Mammales	
· · ·	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	