P13000046 363

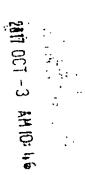
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TO: Amendment Section Division of Corporations NAME OF CORPORATION: Harmon Health Inc. P13000046363 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa L. Harmon, D.C. Name of Contact Person Firm/ Company 3704 Webber Street Address Sarasota, FL 34232 City/ State and Zip Code drmelissaharmon@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941 544-4423

Area Code & Daytime Telephone Number Dr. Melissa L. Harmon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & \$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of



Harmon Health Inc.

	tly filed with the Florida Dept. of State)
P13000046323	<u>۔۔۔۔۔</u>
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
Family Chiropractic Inc.	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	3704 Webber Street
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34232
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3704 Webber Street
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Sarasota, FL 34232
	Sarasota, FL 34232 dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add	Sarasota, FL 34232 dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	Sarasota, FL 34232 dress in Florida, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	Sarasota, FL 34232 dress in Florida, enter the name of the ss:

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u>.</u>		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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				-
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	, ,,,,			
an amendment provides for an exch provisions for implementing the ame				
(if not applicable, indicate N/A)			_ 	
				
·				
				

The date of each amendment(s) adoption:	, if other than the
date this document was signed. September 26, 2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
September 26, 2017 Dated	
Signature Velin .	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
Melissa L. Harmon, D.C.	
(Typed or printed name of person signing)	
President	
(Title of person signing)	