## P13000055443

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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TALE ANASSEL FLORIDE

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MAR 2 1 2016 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Florida Injury Care Inc DOCUMENT NUMBER: P13000055443				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sans 60MLL  Name of Contact Person  Floridg Injury (are  Firm Company  4311 W Waters Ave + 205  Address  Tamw 12 33414  City/ State and Zip Code  UK  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tanus Comer at (813) 405 0791  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## **Articles of Amendment** to

Articles of Incorporat	tion
Florida Injury Car	e au
(Name of Corporation as currently filed v	with the Florida Dept. of State)
P13600055943	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation
• •	20 TA
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	A THE
	September 201
<del></del>	ma m
C. Enter new mailing address, if applicable:	PM 10: 48
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
D. If amending the registered agent and/or registered office address in F	Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addre	ess)
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

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.

X Remove   Y   Mike Jones     X Add   SV   Sally Smith     Type of Action (Check One)     Title   Name   Address     Change   Jf   Hattin   Helmander (Camelo   Y31   W water A	le: nge <u>]</u>	<u>PT</u>	John Doe	
Type of Action (Check One)	nove <u>'</u>	V	Mike Jones	
(Check One)         1) Change	d <u>s</u>	<u>sv</u>	Sally Smith	
1)Change		Title	Name	<u>Addres</u> s
2) Change	,	VP	MoiTin Hernandez a	amilo 4311 w waters Ave
2) Change	Add		,	Sylte 205
AddRemove 3 )Change	/ _ Remove			Tampa 12 33614
Remove	_ Change _			
3 ) Change	_ Add			
AddRemove  4)Change	_ Remove			
Remove	_ Change			
4) Change	_ Add			
Add	_ Remove			
Remove	_ Change			
5) Change	_ Add			
Add	_ Remove			
Remove	Change			
	_ Add			
	_ Remove			
6) Change	_ Change		_	
Add	_			
Remove				

amending or adding additional Article ttach additional sheets, if necessary). (	(Be specific)	
	·	
an amendment provides for an exchanorovisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, liment if not contained in the amendment itself:	
		<del>.</del> .

The date of each amendment(s) adoption:	03	<u>ll</u>	2016		, if other than the
date this document was signed.  Effective date if applicable:	03/	<u> </u>	2014		
(	no more than 9	0 da	ys after amendm	ent file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applic				
Adoption of Amendment(s) (CHEC	CK ONE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The	e nun	iber of votes cas	t for the amendment	(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr					nent
"The number of votes cast for the amenda	nent(s) was/wer	re su	fficient for appro	val	
by(voting	g group)			.,,	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors	with	out shareholder	action and sharehold	der
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators with	out :	shareholder actio	n and shareholder	
Dated03/11/2	016		_		
Signature	.one E				·····-
(By a director, preside selected, by an incorp appointed fiduciary by	nt or other offic orator – if in th	e har	if directors or o	fficers have not beer trustee, or other co	ı urt
	Janis		60HIL		
(L)			e of person signi	ng)	
	PY	<u> </u>	crson signing)		
	(Title	or be	raon aiginig)		