

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Be | usiness Entity Nar | ne) |
| | | |
| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800252913968

10/31/13--01012--012 **35.00

13 OCT 31 AM ID: 23
SECKETARY OF STATE
TALL AMASSEE, FLORIDA

NOV 05 2013 R. WHITE

COVER LETTER

| TO: Amendment Sec Division of Corp | | | | | | |
|--|---|--|--|--|--|--|
| NAME OF CORPO | RATION: Michael Fo | rman DOM, P.A | | | | |
| DOCUMENT NUM | BER: P1300007274 | 2 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | | |
| | Michael Forman | | | | | |
| | | Name of Contact Person | n | | | |
| Michael Forman DOM, P.A. | | | | | | |
| | Firm/ Company | | | | | |
| | 1900 Purdy Ave., Apt 1014 | | | | | |
| | | Address | | | | |
| Miami Beach, FL 33139 | | | | | | |
| City/ State and Zip Code | | | | | | |
| mie | chaelformandom@ | gmail.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Michael Forr | man | at (305 | 741-2102 | | | |
| Name | of Contact Person | | 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 | □\$52.50 Filing Fee Certificate of Status Certified Copy | | | |

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

(Additional Copy

is enclosed)

Articles of Amendment to **Articles of Incorporation**

FILED 13 OCT 31 AN 10: 23

Michael Forman DOM, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

| P1 | 30 | 00 | 07 | 27 | 42 |
|-----|--------------|----|----|-----|----|
| 1 1 | \mathbf{v} | vv | v. | ~ ' | 72 |

(Document Number of Corporation (if known)

ent(s) to

| A. If amending name, enter the new name of the corporation | <u>on:</u> |
|--|---|
| Sound Acupuncture Miami P.A. | The nev |
| name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,' word "chartered," "professional association," or the abbrevia | oration," "company," or "incorporated" or the abbreviatio" or "Co". A professional corporation name must contain thation "P.A." |
| 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 | |
| | |
| (Flor | rida street address) |
| New Registered Office Address: | , Florida |
| - | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered A | N. gomts |

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>e</u> | |
|-------------------------------|-----------|----------|-------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | 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 | | _ | | |
| Add | | | | |
| Remove | | | | |

| | or adding additions on al sheets, if necess | sary). (Be specific | c) | | |
|---|---|---------------------|---------------------|----------------------|-------------|
| | | | | | |
| | | · | | | |
| | | | | | |
| | | | | | |
| | <u></u> | | | | |
| | | | | | |
| | | | · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ent provides for a | n evchange reclass | sification or cance | lation of issued sha | FOS |
| f an amendr | or implementing the | e amendment if no | t contained in the | mendment itself: | 165, |
| f an amendi provisions f | pplicable, indicate N | I/A) | | | |
| provisions f | pricuote, mateute n | | | | |
| provisions for the provisions of the provisions | pricuote, maicate N | | | | |
| provisions for the provisions of the provisions | ppiicuoie, maicuie iv | | | | |
| provisions for the provisions of the provisions | pricuote, maicute is | | | | |
| provisions for the provisions of the provisions | | | | | |
| provisions for the provisions of the provisions | pricuote, maicute iv | | | | |
| provisions for the provisions of the provisions | pricuote, muicute iv | | | | |
| provisions for the provisions of the provisions | pricuote, muicute iv | | | | |
| provisions for the provisions of the provisions | pricuote, muicute iv | | | | |
| provisions f | pricuote, maicute iv | | | | |
| provisions for (if not a) | pricuote, muicute iv | | | | |
| provisions for (if not a) | pricuote, muicute iv | | | | |

| The date of each amendment(s) adoption: | , if other than |
|--|-----------------|
| | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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): | nt |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (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. | |
| October 28, 2013 | |
| Signature | ٠ |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| Michael Forman | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |

the