P13000081184

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,,,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to 1 ming Officer.				

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SECRETARY OF STATE

APPROVED AND FILED

DEC 2 2013
EXAMINER

. • COVER LETTER

TO: Amendment Section

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

Division of Corpora	tions				
NAME OF CORPORA	TION: CELE	BRATION FAM	ILY CHIROPRACTIC	CLINIC	IN
DOCUMENT NUMBER	R: ?1 :	30000 8118	· 4		
	Amendment and fee are su				
Please return all correspo	ndence concerning this ma	ter to the following:			
_	ANTHO	Name of Contact Person	NALDA		
	309	Firm/Company REEVES S	Τ.		
_	CELEB	Address RATION City/ State and Zip Code	FL 34747		
	DR	TNALDA@	GMAIL. COM		
	oncerning this matter, pleas				
ANTHONY	G. NALDA	at (40	7) 908 - 9331 de & Daytime Telephone Number	_	
Enclosed is a check for tr	ne following amount made	bayable 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 enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	g Address ment Section		Address Iment Section		

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

Articles of Amendment

to
Articles of Incorporation of

CELEBRATION FAMILY CHIROPRACTIC CLINIC INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000081184	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
The new	
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) FILED AND FILED AND FILED	ATTXUY
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	בט
(Florida street address)	
New Registered Office Address:, Florida	
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:

 $P = President; V = Vice President; \tilde{T} = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Sm	nith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Add	<u>dres</u> s	
1) Change	VP	_	TINA	R. TWEET	EN_	309 REEVES	<u></u> \$τ.
Add						CELEBRATIO	N, FL
Remove							3474
2) Change		_			. 		-
Add							-
Remove							-
3) Change		_ _					-
Add							-
Remove							-
4) Change		_					_
Add						.	-
Remove							-
5) Change							
Add		_					-
Remove							-
Kemove							_
6) Change		_			<u> </u>		-
Add							-
Remove							_

ach <i>additional sheets, if necessary)</i> .	
	11 - Park
-	
in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(II not applicable, moleate WA)	

APPROVEL AND FILED

The date of each amendment(s) adoption:	13 NUV 25 PH. Progress than the					
date this document was signed.	SECRETARY OF STATE TALL AHASSEF, FLORIDA					
Effective date <u>if applicable</u> :	TALL AHASSEE EL STATE					
(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 num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)					
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s						
"The number of votes cast for the amendment(s) was/were suff	icient for approval					
by						
by(voting group)	- -·					
The amendment(s) was/were adopted by the board of directors without action was not required.	out shareholder action and shareholder					
The amendment(s) was/were adopted by the incorporators without slaction was not required.	nareholder action and shareholder					
Dated						
Signature & Salar & Color	le De					
(By a director, president or other officer –	f directors or officers have not been					
selected, by an incorporator - if in the hand	ds of a receiver, trustee, or other court					
appointed fiduciary by that fiduciary)						
ANTHONY	G. NALDA I name of person signing)					
_						
PRESI	DENT					
(Title of	person signing)					