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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Cape ChiropracTic and Weight Loss I
DOCUMENT NUMBER: P140000 48060
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Cric Harter
· Name of Contact Person
Cape Chiro pracTie and Weight Loss Inc
1611 Santa Barbar-a BLUD Unit 170
Name of Contact Person Cape Chiro practic and Weight Loss Inc Firm/ Company 1611 Santa Barbara BLUD Unit 170 Address Cape Caral FL 33991 City/ State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Dr. Cric Harter at (239) 773 - 226 6 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:
\$35 Filing Fee Status Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status Certificate Of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of	
Cope Chico Donette and Weight Loss Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P140000 48060	
(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 amendments Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
Dr. Eric L. Harter Inc	
Dr. Eric L. Harter Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "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."	w on ie
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)	サート
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:	16:17
Name of New Registered Agent NAM	
New Registered Office Address: (Florida street address) 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.

Example: X Change	<u> PT</u>	John Doe	<u>2</u>						
X Remove	<u>V</u>	Mike Jon	<u>ies</u>		1				
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>	Λ	7/A				
Type of Action (Check One)	Title		Name	/'		Δ	<u>ddres</u> s		
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The date of each amendment(s) adoption:	1-1-16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	<u></u>	
(no	more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not me document's effective date on the Department of State		rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro-	holders. The number of votes cast for val.	the amendment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting ground		
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval	
by(voting g		,
(voting g	group)-	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder actio	n and shareholder
The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and	d shareholder
Dated 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	16 <u>16 </u>	
Signature X	X OC	
(by a director, president	or other officer - if directors or officer rator - if in the hands of a receiver, trust	
appointed fiduciary by t		ios, or other court
	ed or printed name of person signing)	Harter
(Тура	ed or printed name of person signing)	
	President	
	(Title of nerson signing)	