## P14000094434

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(Ad	ldress)		
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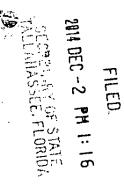
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corp	orations				
	RATION: Cornersto		tic, P.A.		
DOCUMENT NUM	BER: P14000094	434			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Sara F. Davis,	Esq.			
		Name of Contact Person	n		
The Law Offices of Travis R. Walker, P.A.					
	Firm/ Company				
	1235 SE Indian Street, Suite 101				
		Address			
	Stuart, FL 3499	97			
		City/ State and Zip Cod	e		
Saradavis@traviswalkerlaw.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sara Davis		at (772	708-9082		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mai	iling Address	Street	Address		
	endment Section		Iment Section		
Division of Cornerations		District	CO		

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

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

## Articles of Amendment to Articles of Incorporation

of

FILED.

2814 DEC -2 PM 1: 16

Cornerstone Chiropractic,	, P.A.	2811 000	
(Name of Corporation as current) P14000094434	y filed with the Florida	Dept. of State) 3 1042	AIL UF STALE
P14000094434		TALLAHI #A.	4236E1 LEOMBO
(Document Number	r of Corporation (if knows	n)	<del></del>
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation ado	ots the following amendment
A. If amending name, enter the new name of the	e corporation:		
Key Chiropractic & Wellne	ess. P.A.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword" chartered," "professional association," or	word "corporation," "co Torp," "Inc," or "Co".	ompany," or "incorpord 4 professional corporati	ited" or the abbreviation
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
D. If amending the registered agent and/or reginew registered agent and/or the new register		Florida, enter the name	of the
Name of New Registered Agent			
<del></del>	(Florida street add	ress)	
New Registered Office Address:		, Florida	
170. 100.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	nt. I am familíar with an		of the position.
Signature o	of New Registered Agent, i	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 De	<u>oe</u>	
X Remove	. <u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PD		Jared Matthew Key	12131 Oakwater Court
Add				Port St. Lucie, FL 34987
Remove			·	
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
<del></del> 1				
6) Change		<del>_</del>		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article III is hereby amended to read as follows:
This corporation may engage in every aspect of the business of rendering professional
services to the public that a chiropractic physician, duly licensed under the laws of
Florida, is authorized to render. This corporation may also engage in every aspect of the
business of rendering services in the areas of health and wellness in accordance with
the laws of Florida.
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated //	-24-2014	
Signature	7-1C	_
(By a d	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del></del>
	Jared Matthew Key	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	