P/500098557

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: INTEGRATE	D SPINE AND	PAIN CENTER	OF FLORIDA, INC.
	er: <u>P1500009</u>			_
The enclosed Articles a	of Amendment and fee are sub	omitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		
	Robert	Amis Name of Contact Persor		
-		Name of Contact Persor	1	
-				of floren. Inc
		, ,		
-	31609 Holcomb	Pass		
		Address		
	worley Chapel	, FL 33543	3	
-	31609 Holcomb Wosley Chapel	City/ State and Zip Code		
	Amis Chiroegm	il.com		
	E-mail address; (to be use	ed for future annual report	notification)	_
For further information	concerning this matter, please	e calf:		
Robert	4mis f Contact Person	at <u>574</u>	1536-9511	
Name o	f Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:	
)	TS43.75 Plling Top 8; Certificate of Status	Certified Copy (Additional copy is enclosed)	Centificate of status	

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

Articles of Amendment

Articles of Incorporation

SPINE AND PAIN CENTER OF FLORIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P15000098557 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporati	ion:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	29141 Chapel Park Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>	29141 Chapel Park Dr Wesley Chapel FL 33543
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	31609 Holcomb Pass
	Lesley Chapel FL 33543
	> %
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	iddress:
Name of New Registered Agent Rober	+ Amis Jr. = = = = = = = = = = = = = = = = = = =
Name of New Registered Agent Rober 31609 Hole (Flo	ron-b Pass Wesley Chapel FL 33573 orida street address)
New Registered Office Address: 31609 Holco	mb Pass Wesley Chappel Florida 33543 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fair	
Tal	7 1

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	$\overline{\text{b.t.}}$	John Doe	
\underline{X} Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u> _	GARRETT SOLDANO	28812 Perilli Pl
Add			Wesley Chapel FL 3354
X Remove			
2) Change	P	Robert Amis Jr.	31609 Holcomb Pass
X_Add			Wosley Chapal FL 33543
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
*/ move			•
5) Change	· 		
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Articles us, if necessary). (B	le specific)				
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N 4.						
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an amendment pro	<u>yides for an exchang</u>	<u>je, reclassificatio</u>	on, or cancellati	on of issued sh	ares,	
rovisions for imple (if not applicable	menting the amendm i, indicate N/A)	<u>rent if not conta</u>	ined in the ame	ndment itself:		
NA						
70 71		***				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
, and the second	
Effective date <u>if applicable</u> :	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	he applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	• •
by	<u> </u>
tvoting group	
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpora action was not required.	ttors without shareholder action and shareholder
Dated 1-11-18 Signature 22 22	
Signature	
	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that f	
GARRETT	L. SOLDANO
(Typed or	printed name of person signing)
<u> </u>	SIDE MT (Title of person signing)
	(Title of person signing)