P.160000091826

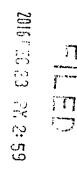
(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





000292918870

12/08/16--01005--013 **35.00



A Mund

DEC 23 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: FORD	A COAST CHIRDI	PRACTIC CLINIC, INCOPPUTATED
DOCUMENT NUMBE	R: P160000	91826	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Сня	LIS TATALOVILI	Н
_		Name of Contact Person	n ,
_	FLORIBA	COAST CHILOPR	ALTIC CLINIC INCORPUTATED
		Firm/ Company	
	3113	S. RIDGEWS	on ave
		Address	
	S. D	AYTONA , FL	32119
-		City/ State and Zip Cod	е
For further information c	E-mail address: (to be us	ed for future annual report	notification)
CHRIS	TATALOVICH	at (386	ode & Daytime Telephone Number
Name of Contact Person		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the	ne 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 enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio	g Address Iment Section on of Corporations ox 6327	Ameno Divisio	Address dment Section on of Corporations n Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

CHRIS TATALOVICH FLORIDA COAST CHIROPRACTIC CLINIC 3113 S RIDGEWOOD AVE S. DAYTONA, FL 32119

SUBJECT: FLORIDA COAST CHIROPRACTIC CLINIC INCORPORATED

Ref. Number: P16000091826

We have received your document for FLORIDA COAST CHIROPRACTIC CLINIC INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 116A00026360



Articles of Amendment

Articles of Incorporation

FLORIDA COAST CHIRD			H CO
(Name of Corporation a	s currently filed with the Flori	da Dept. of State)	
716000091	826	ر سه ۲	
(Document	Number of Corporation (if know	n)	199 G
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	itutes, this <i>Florida Profit Corpor</i>	ration adopts the fo	ollowing amendmen
A. If amending name, enter the new name of the corpo	ration:		1937
			The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abb	Inc," or "Co". A professional		
B. Enter new principal office address, if applicable:	3(13	S. 21066	NOOD AVE
(Principal office address <u>MUST BE A STREET ADDRES</u>		70NA , FL	32((9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sam	e as 41	30VE
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the	
Name of New Registered Agent CHEL	S TATALOVICH		
3113	5. 2104E0000 A	VE	
	(Florida street address)		
New Registered Office Address: \$. D	PAYTONA	. Florida	32119
Hen megistered Office madress.	(City)	, 1 1011du	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	n familiar with and accept the ob	ligations of the po.	sition.
	' 1		

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	PT Joh	hn Doe	
X Remove	<u>V Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	NATQUE W. TRAN	31 CLYDESDALE DA
Add			DEMOND BEACH, FL
<u>X</u> Remove	P		32174
2) X Change	FTD	CHRIS TATALOVICH	3113 S. PIOHELWOD AVE.
Add			S. DAYTONA, FL
Remove			32119
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
			4.18114
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NIA	
	•
3. 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)	
NIA	
/ V -	

The date of each amendment(s) adoption:	12/6/16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	more than 90 days after amendment file date	
(no	more than 90 days after amendment file date	e)
Note: If the date inserted in this block does not medocument's effective date on the Department of State		nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	holders. The number of votes cast for the an val.	nendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting grou		
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval	
by		
(voting g	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	l of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and share	eholder
Dated 12/2/10	<u> </u>	
11	or other officer – if directors or officers have	
Signature (By a director, president	or other officer if directors or officers have	a not been
selected, by an incorpora	ator – if in the hands of a receiver, trustee, or	other court
appointed fiduciary by the		
C	HRIS TATALOVICH, D.C.	
(Type	HRIS TATALOVICH, D.C. ed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	