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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Integrative Neurol	ogy, Inc.	
DOCUMENT NUMB	D16000000533		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
,	Yelena Vidgop		
-		Name of Contact Person	n
		Firm/ Company	
1	1260 Laurel Court		
-	Weston, FL 33326	Address	
-		City/ State and Zip Cod	e
lena.vi	dgop@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Yelena Vidgop		at (⁷³²	9153965
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the 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)
Amer Divis P.O. I	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Cassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

17.11	7.79
17 JAN -4	FM 2: 37
TAN LAB AND	

Integrative Neurology, Inc.

(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 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)

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:

Yelena Vidgop

THE STATE OF THE S			
	1260 Laure	l Court	
	•	(Florida street address)	-
New Registered Office Address:	Weston		, Florida
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

Name of New Registered Agent

(Mailing address MAY BE A POST OFFICE BOX)

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	
X Remove	<u>V</u>	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) X Change	P	Yelena Vidgop	1260 Laurel Court
Add			Weston, FL 33326
Remove			
2) Change			
Add			
Remove			
3) Change	•		
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	·
, , , , , , , , , , , , , , , , , , ,	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	·

• • • •	12.28.2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than t
	28.2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require pepartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	oproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and s	hareholder
12.28.201 Dated	6	
Signature	y V	
selec	director, president or other officer – if directors or officers hed, by an incorporator – if in the hands of a receiver, trustee nted fiduciary by that fiduciary)	
	Yelena Vidgop	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	