P17000039373

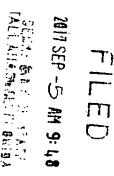
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Amendicus

SEP 13 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONTOUR CL	INIC CORP
DOCUMENT NUMBER: P17000039373	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
MAUD ENGELMAN	
CONTOUR CLINIC COP	Name of Contact Person
	Firm/ Company
18800 NE 29TH AVE ST	
AVENTURA FL 33180	Address
	City/ State and Zip Code
INFO@CONTOUR.CLINIC	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	lease call:
MAUD ENGELMAN	at (⁷⁸⁶) 7730773
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee	
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 to Articles of Incorporation of

CONTOUR CLINIC CORP

ii ii	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
17000039373	1997.
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	The new
ume must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or ord "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	18800 NE 29TH AVE STE 7
Principal office address <u>MUST BE A STREET ADDRESS</u>)	AVENTURA FL 33180
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18800 NE 29TH AVE STE 7
	AVENTURA FL 33180
1. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Ager	nt:
nereby accept the appointment as registered agent. I am familian	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.

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	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	 <u> me</u> 	<u>Addres</u> s
1) X Change	P	M	AUD ENGELMAN	18800 NE 29TH AVE STE 7
Add				AVENTURA FL 33180
Remove				
2) Change				
Add				**************************************
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			li !	
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Add				
Remove				- 14-24

E. If amending or adding additional Articles	
(Attach additional sheets, if necessary). (Be	e specific)
<u></u>	
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares, int if not contained in the amendment itself:
(if not applicable, indicate N/A)	I not contained in the amendment tesen.
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• •	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (C	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amo	 endment(s) was/were sufficient for approval
by	oting group)
	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	: incorporators without shareholder action and shareholder
08/29/2017 Dated	
Signature	Min
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
MAUD E	NGELMAN
PRESIDE	(Typed or printed name of person signing)
	(Title of person signing)
	11