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S TALLENT
JUN 25 2018



TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: MANHATTAN F	PAIN MANAGEMENT 1	AND REHABILITATION P.A	1
DOCUMENT NUMBE	R: _ P180000	53361		
The enclosed Articles of	**FAmendment and fee are s	ubmitted for filing.		
Please return all correspondence	ondence concerning this ma	atter to the following:		
	ALE	x CHEN		
_		Name of Contact Perso		
$\underline{\gamma}$	lanhaltan Pai	n Managemer	it and Rehabili	tation P.A
ĺ	108 164	` ST		
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	E-mail address: (to be u	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
Ur£ X	CF/=14	スカビ	607-3747	
	Contact Person	at ( Area Co	de & Daytime Telephone Number	
linglaged in a short C - 1	C II			
Talenised is a check for th	ic following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address		Address	
	ment Section n of Corporations		ment Section	
P.O. Box 6327			n of Corporations Building	
Tallaha	mana 17 73211		~	

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

ИАТТАНЧАМ	PAIN MANAGEM	ENT AND REHABIL	THEON P.A.
		rrently filed with the Florida Dept. of	State)
		00 53361	· · · · · · · · · · · · · · · · · · ·
	(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of the Articles of Incorporation		, this <i>Florida Profit Corporation</i> adopt	s the following amendment(s) to
A. If amending name, en	ter the new name of the corporatio	<u>o:</u>	
		N/A	The new
"Corp.," "Inc.," or Co.,"		oration," "company," or "incorporate" or "Co". A professional corporation tion "P.A."	
B. Enter new principal office address, if applicable:	11/A		
	MUST BE A STREET ADDRESS )		٠
		<del> </del>	
C. Enter new mailing ad	dress, if applicable: 'BE A POST OFFICE BOX)	Alu	第一届
(Maning address MA)	BEATOST OFFICE BOX		30
		<del></del>	<u> </u>
	tered agent and/or registered office and/or the new registered office ad	address in Florida, enter the name o	f the
Name of New Reg	istered Agent	AILI	
		· · · · · · · · · · · · · · · · · · ·	
	(Flori	ida street address)	
New Registered Q	ffice Address:	11/A F6	orida
The state of the s		(City)	(Zip Code)
Now Degistered Agent's S	Signature, if changing Registered A	. mant.	
		iliar with and accept the obligations of	the position.
		HIA	
	Signature of N	New Registered Agent if changing	<del></del>

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	_P	HALLAND CHEN	108 16 th st
Add			Belleair Boach
Remove			FL33786
2) Change	<del></del>		
Add			<u></u>
Remove			
3)Change			_
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
0 41			
6) Change			<u> </u>
Add			
Remove			

ttach additional sheets, if necessary).	(Be Specific)
N/9	
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···	
<del></del>	
an amendment provides for an exch	sange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
rovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
crovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adopt	<b>.</b>	12 / A	, if other than the
date this document was signed.	Юп:		, it outer than the
Effective date <u>if applicable</u> :	06/	118/2018	
	(no more ti	han 90 days after amend	lment file date)
Note: If the date inserted in this block document's effective date on the Depart			ng requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	ı	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		s. The number of votes of	east for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for t	he amendment(s) wa	is/were sufficient for app	noval
by			
•	(voting group)		
☐ The amendment(s) was/were adopted action was not required.  ☐ The amendment(s) was/were adopted	·		
action was not required	•		
Dated 06/1	8/2018		
Signature	PHXI	Munfelk	
(By a direct	or, president ör other	r officer – if directors or	officers have not been
•	an incorporator – if iduciary by that fiduc		er, trustee, or other court
	A	LEA CHEN inted name of person sig	
	(Typed or pri	inted name of person sig	ning)
	Incorp	Porator Title of person signing)	
<del></del>	7(1	Title of person signing)	