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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Injector Coach Institute, Inc.
DOCUMENT NUMBER: <u>P2300073396</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiffang Sullivan Name of Contact Person
Name of Contact Person
Firm/ Company 112 W Green on Street
112 W Gregory Street Rensacola FL 32502 City/State and Zip Code
E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Tiffany Sullivan at (850) 380-8839 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee FI 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of	
Injector Coach	Institute, Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P23 0000 733°	96
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co	
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·
	- <u>- 2</u>
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr	coss in Flowids, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Murlee B	Fenner
23 Mac (Florida stre	Vista Circle, Pensacola, FL 32507
,-	
New Registered Office Address:	(City) (Zip Code)
	, <i>,</i> , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Male An- Signature of New Re	
Signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :		
	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this be document's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through votine each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficie	nt for approval
by	(voting group)	, , , , , , , , , , , , , , , , , , ,
	(voting group)	
Dated 9-2	20-24 M	
Signature	n e	
(By a di selecte	rector, president or other officer – if dir d, by an incorporator – if in the hands of ed fiduciary by that fiduciary)	
	Marlee B. Fenr (Typed or printed name of p	erson signing)
	Pres	
	(Title of person signing)	