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COVER LETTER

TO: Amendment Section	
NAME OF CORPORATION: Timothy C. Lunyon, D. P. M., P. A.	
DOCUMENT NUMBER: \$930000 27606	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nancy Whalen Name of Contact Person	
1731 W Atlantic Ave #B-20 Firm/ Company	
4731 W. Atlantic Ave #B-20 Address	
Delray Beach, FL 33445 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nancy Whalen 11,561,995-6229 ext. 4	112
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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



1 mothy C. Runyon, D.1	O.M., O.A. ntly filed with the Florida Dept. of State)
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P93000027606	
	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," 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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4731 W Atlantic Ave #B-2
	4731 W Atlantic Ave #B-2. Delray Beach, FL 33445
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent Dr. Kyle	Kinmon
(Florida :	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Lill	
Signature of New	Registered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>Y</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) Change	<u>CEO</u>	RUNY	on, Timothy C	1401-16th St. NoAh
Add				St. Petersburg, FL 33704
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change	(EO	Dr.	Kyle Kinmon	1401-16th St. Noith
<u>X</u> Add				St. Petersburg, FL 3370L
Remove 3) Change	<u> </u>			
Add				
Remove				
4) Change			<u>_</u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	additional shee	g additional Art ts, if necessary).	(Be specific	·)			
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. If an an	iendment nroi	vides for an exc	hange reclass	ification or c	ncellation of iss	ned charec	
provisi	ons for impler	nenting the am	endment if no	t contained in	the amendment	itself:	
(if							
	Λ	J/A					
			· · · · · · · · · · · · · · · · · · ·				
							
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The date of each amendment(s) adoption: _ date this document was signed.	08/01/2020	, if other than the
Effective date if applicable:		
rifective date <u>it 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	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes cast for the amen rapproval.	idment(s)
• • • • • • • • • • • • • • • • • • • •	the shareholders through voting groups. The following ag group entitled to vote separately on the amendment(
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
(Vo	oting group)	
Dated 10/22/20		
Signature(By a director, proselected, by an in	resident or other officer – if directors or officers have no corporator – if in the hands of a receiver, trustee, or othery by that fiduciary)	nt been ner court
	Dr. Kyle Kinmon (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	