P9400001552

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PACE CHIROPR	ACTIC CLINIC, INC.					
DOCUMENT NUM	P94000001582						
The enclosed Articles	s of Amendment and fee are st	abmitted for filing.					
Please return all corre	espondence concerning this ma	itter to the following:					
	Scott H. Arnold						
	Name of Contact Person						
	Pace Chiropractic Clinic						
	Firm/ Company						
	4497 Hwy 90						
	Address						
	Pace, FL 32571						
		City/ State and Zip Cod	······································				
scou	@pacechiro.com	sed for future annual report	a stituation)				
For further informatic	on concerning this matter, plea		994-4058				
Name of Contact Person		at (Area Co	de & Daytime Telephone Number				
	or the following amount made						
S35 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)				
Mailing Address		Street	Address				
Amendment Section		Amendment Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

2817 AUG 24 PM 2: 53

Articles of Amendment to Articles of Incorporation of

Articles of Incorporation	
of	E.
PACE CHIROPRACTIC CLINIC, INC.	ج
(Name of Corporation as currently filed with the Florida Dept. of State) P94000001582	•
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ving amendment
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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu- word "chartered," "professional association," or the abbreviation "P.A."	abbreviation st contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
to the state of th	
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:	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
Name of New Registered Agent (Florida street address)	ip Code)

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		Sally Smith			
Type of Action (Check One)	Title		lame	<u>Address</u>	
1) Change	P	:	Stephanie Arnold	4497 Hwy 90	
X Add				Pace, FL 32571	
Remove					
2) Change					
Add					
Remove					
3) Change					
AdJ				<u> </u>	
Remove					
4) Change					
Add					
Remove					
51 Change	-				
AdJ					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
	<u>. </u>
·	
	· · · · · · · · · · · · · · · · · · ·
·	
f an amendment provides for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed	·	
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of upproval.	ent(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	г
August 9, Dated Signature	WHI CEO	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	Scott H. Arnold	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	