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SECRETARY OF STATE

SINISION OF CORPORATIONS

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C. LEWIS

AUG 6 2014

COVER LETTER

Division of Corporations Mandarin Chipopractic center Pa. NAME OF CORPORATION: 1950000 32269 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: mandarin chiropractic center Pa. 9891 San Jose Bu Suite 2 SqcKSonville F1, 32257
City/ State and Zip Code Batdoc Snick | TSmail - Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Soseph Foster at (904) 239-2777 ame of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

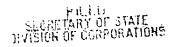
TO: Amendment Section

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



e center Pa (Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) 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: Name of New Registered Agent 98-91 San So Se Br-Syite 7 (Florida street address)

59CKSonville, Florida 32257 New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

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.

Mike Jones, V as Kemove	e, and Sala	lly Smith,	, SV as an Add.		
Example: X Change	PT	John D	<u>loe</u>		•
X Remove	<u>V</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	Ρ_	_	Dr Steven		9891 SUN JOSE BU SUX. F/- 32257
Remove					Suite 2
2) Change	<u> </u>	_	Fred J.	Perkias.	9891 San Jose Br. Suite 2
Remove 3) Change	Direc	ctor	Sames	Dautel	Jax, Fl. 32257 9891 San Jose Bu.
Add Remove			·		Suite 2 Jax. Fl. 32257
4) Change		_			,
Remove					
5) Change		-			
Remove					
6) Change		- -			
Add				-	
I Remove					

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ach additional sheets, if ne	ecessary). (Be specif	ic)		
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	ovisions for implementin of not applicable, indicated	g the amendment if nate N/A)	ot contained in th	<u>e amendment itself</u>	<u>:</u>
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The date of each amendment(s) adoption date this document was signed.	n: 7/17-2014 SECRETARY OF 3 SECRETARY OF 3 SECRETARY OF 3 14 JUL 24 PM 7-17-2014 (no more than 90 days after amendment file date)	; if other than the
Effective date if applicable:	7-17-2014 (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amend at for approval.	ment(s)
	by the shareholders through voting groups. The following swoting group entitled to vote separately on the amendment(s)	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	y the board of directors without shareholder action and share	cholder
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and sharehold	ler
Dated	14	
Signature	MANA CONTRACTOR OF THE PARTY OF	
(By a diffector, selected, by a	, president or other officer – if directors or officers have not n incorporator – if in the hands of a receiver, trustee, or othe aciary by that fiduciary)	
	DR. STEVEN NICKELS	
	(Typed or printed name of person signing)	
	OWNER / PRESIDENT (Time of person signing)	
	(Title of person signing)	