

05/31/2019
5/31/2019

10:35 Blalock Walters

P99000029291

(FAX 9417452093)

P.001/005

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000173735 3)))



H190001737353ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666093611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: epennington@blalockwalters.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ERASERS BODY ENHANCEMENT CENTERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2019 MAY 31 AM 11:43

REC'D 2019
C. McRAE

((H19000173735 3)))

Articles of Amendment
to
Articles of Incorporation
of

Erasers Body Enhancement Centers, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000029291

(Document Number of Corporation (if known))

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:

Florida Vein Center, Inc.

The new 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

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

((H19000173735 3)))

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

05/31/2019 10:35 Blalock Walters
05/30/2019 12:42 Vent Center

(FAX) 941 745 2093
 (FAX) 941 507 4204

P.004/005
P.004/005

((H19000173735 3)))

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Division
 20. Department
 21. Faculty
 22. School
 23. College
 24. University
 25. Institute
 26. Center
 27. Program
 28. Course
 29. Module
 30. Unit
 31. Lesson
 32. Chapter
 33. Section
 34. Part
 35. Volume
 36. Issue
 37. Page
 38. Footnote
 39. Footnote
 40. Footnote
 41. Footnote
 42. Footnote
 43. Footnote
 44. Footnote
 45. Footnote
 46. Footnote
 47. Footnote
 48. Footnote
 49. Footnote
 50. Footnote
 51. Footnote
 52. Footnote
 53. Footnote
 54. Footnote
 55. Footnote
 56. Footnote
 57. Footnote
 58. Footnote
 59. Footnote
 60. Footnote
 61. Footnote
 62. Footnote
 63. Footnote
 64. Footnote
 65. Footnote
 66. Footnote
 67. Footnote
 68. Footnote
 69. Footnote
 70. Footnote
 71. Footnote
 72. Footnote
 73. Footnote
 74. Footnote
 75. Footnote
 76. Footnote
 77. Footnote
 78. Footnote
 79. Footnote
 80. Footnote
 81. Footnote
 82. Footnote
 83. Footnote
 84. Footnote
 85. Footnote
 86. Footnote
 87. Footnote
 88. Footnote
 89. Footnote
 90. Footnote
 91. Footnote
 92. Footnote
 93. Footnote
 94. Footnote
 95. Footnote
 96. Footnote
 97. Footnote
 98. Footnote
 99. Footnote
 100. Footnote

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[illegible]

((H19000173735 3)))

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Federico M. Richter

(Typed or printed name of person signing)

President

(Title of person signing)