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COVER LETTER

TO: Amendment Section
Division of Corporations

•		
NAME OF CORI	PORATION: CLARK Chropiactic, INC	
DOCUMENT NU	JMBER: <u>V40+27</u>	
The enclosed Artic	cles of Amendment and fee are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Dr. Michael J. CIACK	
	CLARIC Chropactic, JNC.	
•	Firm/ Company	
	2706 20th St.	
	Address	
	Vero Beach Fl 32960	
	City/ State and Zip Code	
	dr clarkde 2706 @ gmail.com	
	E-mail address: (to be used for future annual report notification)	
•		
For further informa	ation concerning this matter, please call:	
Dr. Mich	ael J. CIWEK at (772) 567-0771	
***	e of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	losed)
. P.O. Box 6	nt Section Amendment Section f Corporations Division of Corporations	

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of CLARK ChiROPRACTIC Juc. (Name of Corporation as currently filed with the Florida Dept. of State) V40427 (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:

CLARK Chiropra	CTIC CENTER	と、エル	1	The
ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "Cor	p, " "Inc, " or "(Co". A profession	orated" o nal corpor
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new registered agent and/or the new r Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if char	(Florida)	ess: a street address) ent:	, Florida	
Name of New Registered Agent:	(Florida)	ess: a street address) ent:	, Florida	

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) <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ∐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
, ,	re approved by the shareholders through voting groups. The following statement d 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)
action was not required. The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 7-	23-2010
Signature	2 Muhal J. Clark
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Dr. Michael J. Clark
	(Typed or printed name of person signing)
	Presedent
•	(Title of person signing)