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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Cloudbase Therapy, I	nc.		<u>.</u>	
N1	5000008921				
DOCUMENT NUMBER:					
The enclosed Articles of Amend	iment and fee are subm	nitted for filing.			
Please return all correspondence	concerning this matter	r to the following:	:		
Renato Granzoti					
		(Name of Contact	t Person)	<u></u>	
Cloudbase Therapy, Inc.					
		(Firm/ Comp	any)		
5800 Margate Blvd #812					
		(Address)	)	•	
Margate, FL 33063					
		(City/ State and Z	ip Code)	,	
contact@cloudbasetherapy.org					
E-m	ail address: (to be used	for future annual	report no	otification	)
For further information concern	ing this matter, please	call:			
Renato Granzoti			954 at		651-4917
(N	ame of Contact Person)	)		a Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pay	yable to the Floric	la Depar	tment of S	State:
■ \$35 Filing Fee □	3\$43.75 Filing Fee & Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)

## **Mailing Address**

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

FILED

of 16 HAR 24 PM 4: 11 Cloudbase Therapy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SEF FLORIDA N15000008921 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 5800 Margate Blvd #812 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Margate, FL 33063 C. Enter new mailing address, if applicable: 5800 Margate Blvd #812 (Mailing address MAY BE A POST OFFICE BOX) Margate, FL 33063 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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (City) (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.

N/A
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.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Eigle, Stephen	960 NW 4th Ct
Add X Remove			Boca Raton, FL 33432
2) Change	ST	Mathison, Carlos	2166 Hacienda Terr
Add			Weston, FL 33327
Remove 3) Change	V	Correa, Kenneth	5800 Margate Blvd #812
X Add			Margate, FL 33063
Remove 4) Change	, <u>s</u>	Santos de Oliveira, Carla	5800 Margate Blvd #812
X Add Remove			Margate, FL 33063
5) Change	T	de Miranda Granzoti, Renato	5800 Margate Blvd #812
X Add		•	Margate, FL 33063
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	Be specific)			
N/A				
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,		N/A	
	e date of each amendment(s) ac	loption:	, if other than the
date	this document was signed. N/A	•	
Fff	ective date <u>if applicable</u> :		
Lin		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)		( <u>CHECK ONE</u> )	
	The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	03/21/2016 Dated	Jaka.	
	Signature		
	(By the chain have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Renato	de Miranda Granzoti	
		(Typed or printed name of person signing)	
	Presider	ıt	
		(Title of person signing)	