P02000091526

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TALLAHASSEE, FLORIDA

Amend

SL

10/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Coast Therapy Services, Inc.

DOCUMENT NUMBER: P02000091526

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Horsley
(Name of Contact Person)

All Coast Therapy Services, Inc.
(Firm/ Company)

13940 N US Hwy 441, Ste 603
(Address)

Lady Lake, FL 32159
(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael Horsley at (352) 255-2703
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- [x] $35 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
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

FILED
2008 OCT 10 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

All Coast Therapy Services Inc
(**Name of Corporation as currently filed with the Florida Dept. of State**)

P02000091526
(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:

____

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)

13940 N. US Hwy 441
Suite 603
Lady Lake, FL 32159

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13940 N US Hwy 441
Suite 603
Lady Lake, FL 32159

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: Michael Horsley

New Registered Office Address: 15971 SE 89th Terrace
(Florida street address)

Summerfield, Florida 34491
(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.

____
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*)

Title	**Name**	**Address**	**Type of Action**
Director	Hamm, J. Mark	PO Box 1002 Sorrento, FL 32776	☐ Add ☒ Remove
Director	Hamm, Alison G	PO Box 1002 Sorrento, FL 32776	☐ Add ☒ Remove
Director	Scott, Beulah	5125 SE 24th PL Ocala, FL 34480	☒ Add ☐ Remove

See Additional page.

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

N/A

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*)

N/A

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*)

Title	Name	Address	Type of Action
Director	Horsley, Michael	15971 SE 89th Terr Summerfield, FL 3449?	☒ 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(s) adoption: 10/08/08

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

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 10/9/08

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)

Michael Horsley
(Typed or printed name of person signing)

Director
(Title of person signing)