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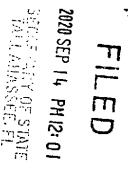
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: iPT of Florida, Inc.				
DOCUMENT NUM	ИВЕR:				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Richard Rinehart				
	Name of Contact Person				
	iPT of Florida, Inc.				
	Firm/ Company				
	1225 N. Military Trail Ste 7				
	Address				
	West Palm Beach, Fl 33409				
	 	City/ State and Zip Code	e		
	ipt.therapysolutions@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Richard Rinehart		at (⁵⁶¹	_) 601-3294		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A D P.	Maiting Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must he distinguishable and contain 'Inc.,'' or Co.,'' or the designation "C 'chartered,'' "professional association,'	Corp," "Inc," or "Co".	A professional corporation name	the abbreviation "Corp.," must contain the word
3. Enter new principal office address,	if applicable:	1225 N. Military Trail Ste 7	
Principul office address <u>MUST BE A S</u>		WPB, FI 33409	2021
			T PS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1225 N. Military Trail Ste 7	Savie
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WPB, Fl 33409	
			10 10
). If amending the registered agent an new registered agent and/or the new			of the
	Richard Rinehart		
Name of New Registered Agent	1225 N. Military Trail St	e 7	
		e 7 (treet address)	
		treet address)	33409 orida
Name of New Registered Agent	(Florida s West Palm Beach hanging Registered Agen	treet address), Flo (City) nt:	orida(Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Signature, if c	(Florida s West Palm Beach hanging Registered Agen	treet address), Flo (City) nt:	orida(Zip Code)

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer a (Attach additional sheets. Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector title President Chief Fi ector wor in the for ves the co	irector beary) The by the file is the fil	irst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more the D. anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. Thes	Trustee: C = Ch han one title, list t te PST and Mike .	hairman or Clerk; CEO = Chief the first letter of each office held. Jones, is listed as the V. There is
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		FH IZ: 0
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	1. 10 I
1) Change	VP	***	Emily Large	712 Kanuga	Dr.
Add				WPB, FI 334	101
x Remove					
2) Change		.			
Add					
Remove Change		_			
Add					<u> </u>
Remove					
4) Change		_			
Add				 	11-346-41
Remove				•••	

5) ____ Change

_____ Add

6) ____ Change

_____ Add

____ Remove

____ Remove

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)					
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lf an amendment provides for an exch	ange, reclassificati	on, or cancellatio	on of issued shares	17 ET 1	5	_
provisions for implementing the ame	ndment if not conta	ined in the ame	ndment itself:	777	PM 12: 0 :	
/// / / / / / / / / / / / / / / / / /				• : •	_	
(if not applicable, indicate N/A)						
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The date of each amendment	(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	his block does not meet the applicable statutory filing requirement be Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholders.	older action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The followind for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	FIL 2020 SEP 14 SECRETARY
by	(voting group)	
08/2 Dated	26/2020	LED 4 PHIZ:01
Signature		OI ATE
(B se	y a director, president or other officer – if directors or officers have lected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	Richard Rinchart, HCA, PTA, CSCS	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	··· ·