P21000040205

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: <u>WELLEN</u>	PARK PHYSIL	AL THERAP, INC	
DOCUMENT NUMBER	: P210000L	10205		
The enclosed Articles of A	mendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matter to the following:				
_	Rick	Name of Contact Person		
_		Firm/ Company		
	874	Address	DR	
	No	KOMIS FL City/ State and Zip Code	34275	
	E-mail address: (to be us	CKHAUPTe 1 ed for future annual report	/ERIZOW. NET	
For further information concerning this matter, please call:				
Rick	HAUPT	at (941	955-1239	
Name of C	ontact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Depa	irtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

WELLEND PARK PHYSICAL THERAPY	INC
(Name of Corporation as currently filed with the Florida Dept. of State)	
P21000040205	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation:	
WELLEN PHYSICAL THERAPY, INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must c "chartered," "professional association," or the abbreviation "P.A."	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	2023
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	• >
	- 9
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 streetfaddress)	
New Registered Office Address:, Florida	
New Registered Office Address. (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 possible series of the seri	ition.
Signature of New Registered Agent, y changing	
Check if annies ble	

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

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; CF() = 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u></u>		
Add			
Remove		\	
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary)		
 		
		7
		<u> </u>
		-
an amendment provides for an ex	change, reclassification, or cancellation of issued nendment if not contained in the amendment its	<u>d shares,</u> elf:
(if not applicable, indicate N/A)	Tendinent in not contained in the uncondition	<u> </u>
	1	
	NHH/	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)
Note: If the date inserted in this block does not m document's effective date on the Department of Stat	eet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHECI	K ONE)
The amendment(s) was/were adopted by the inco action was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	eholders. The number of votes cast for the amendment(s) oval.
The amendment(s) was/were approved by the sha must be separately provided for each voting gro	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval
Dated 8 15 23	group)
Signature (By a director, presiden selected, by an incorpo appointed fiduciary by	t or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)
(T ¹ / ₂ T	ICHAED HAUR7 ped or printed name of person signing)
	PRESIDENT
(Tit)	le of person signing)