## 160905

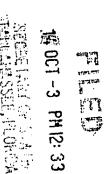
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OCT 1 3 2014

C. CARROTHERS

## . . COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Center FOR MASSAGE THERRY COOPER City, Inc.  DOCUMENT NUMBER: K60905
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scheffin Esquirel  Name of Contact Person  Scheffin Low Group P.A.  Firm/ Company  G850 Stirling KoAd Swite # 100  Address  Copper City/ State and Zip Code  Keysalelaxation G Gmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denis P. FARREHA at (954), 655-1991 (Cel.)  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:
\$35 Filing Fee Certificate of Status  S43.75 Filing Fee Certificate of Status  Certificate Copy (Additional copy is enclosed)  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Copy (Additional Copy is enclosed)
Malling AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of A	mend ment	the safety and
to , Articles of Inc		the state of the s
, Articles of the	. •	19th 2 /
The Center For MASSAGE TI	neral, Cooper City	In.
(Name of Cornoration as currently filed with the I	lorkin Dent. of State)	AVI OOT
X 60905		# OCT -3 PH 12: 331
(Document Number of Corporation (	if known)	SECRE PRODUCE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation	Florida Profit Corporation adopts the follow	The state of the state of
A. If amending name, enter the new name of the corporation:		· ·
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu	abbreviation
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	9850 Stirling Kr Suite # 101	6 <u>ac</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Cooper City, F) 9850 StiRling	or:da 33024
	Suite # 101 Casper City, F	- -Torida33024
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office addres	my GROUP PA (Bor	ne Z. Scheflin, EsQuiee)
9850 5+4	21ing Road Suite#15	0
(Florida si	reet address)	
New Registered Office Address: COPER (City	Florida 330 7	<u>4</u>
New Registered Agent's Signature of Changing Registered Agent I hereby accept the appointment astrophyrical agent. I am familiar		n.

Page 1 of 4

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	<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>	Address
1) Change	$\overline{\mathcal{D}}$	Jod: L. FARRETTA	1501 S.E. 15th Street
Add			Unit 1-1
Remove		<i>_</i>	Fort Landershie, FL 33316
2) Change	5	Jod: L FARREHA	1501 SEIST Street
Add			Unit 1-1
Remove		Jodil FARREHA	Fort Londerdole, FL 33316 1501 SE 15th Street
3) L Change		JECIL MARRETH	1201 26 12, 2 bacc
Add Remove			Fort Lyder CALE, FL 33316
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
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:	
CANCELLATION OF ISSUED Shares to Jodi L.	FARREHAA
Remaining shareholder. Demis P. FARREHA, SMALL	
Our 100% of All issued shares.	
COOK 100 10 10 10 10 10 10 10 10 10 10 10 10	

The date of each amendment(s) adoption: September 30, 2014	_, if other than the
date this document was signed.	
Effective date if applicable: OCTOV-ER 1, 2014	_
(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 October 1, 2014	
Signature Summi Munder	_
(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)	
Denis P. FARREHA	
(Typed or printed name of person signing)	_
- Resident	
(Title of person signing)	_