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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: SMPS of South F	Horida, Inc.			
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendment and fee are s				
Please return all correspondence concerning this ma	atter to the following	:		
Michelle Daniels				
	(Name of Contact	t Person)		
Moss				
	(Firm/ Comp	any)		
2101 N Andrews Ave				
	(Address)		
Fort Lauderdale, FL 33311				
	(City/ State and Z	ip Code)	· · · · · · · · · · · · · · · · · · ·	
mdaniels@mosscm.com				
E-mail address: (to be us	sed for future annual	report notificatio	n)	
For further information concerning this matter, plea	ise call:			
Michelle Daniels		954 at	769-8274	
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florid	a Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu	& □S43.75 Filing Forms Certified Copy (Additional copenciosed)	Certit y is Certit	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SMPS of South Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N16015 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 street address) New Registered Office Address: _. 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

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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Bradley Jackson	1280 N Congress Avenue
X Add			Suite 101
Remove			West Palm Beach FL 33409
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			

attach additional sheets, if nevessar	y) - (Be specific	7				
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