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Division of Corporations

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Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

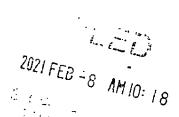
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFECARE SPECIALTY CLINICS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

Articles of Amendment to Articles of Incorporation



	01	는 사람들이 있다.	, ,
LIFECARE SPECIALTY CLINICS, INC.			
Name of Corporation as currently filed with the Florida	Dept. of State)	4 -	67.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
N18000013072			٠ ٤
(Document Num	ber of Corporation (if)	known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	or Profit Corporation adopts the	e followin
A. If amending name, enter the new name of the corpora	ation:		
LIFECARE SPECIALTY CLINIC, INC.			The nev
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporate	ed" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>s</u>)		
<u> </u>			
			_
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florid address:	a, enter the name of the	
Name of New Registered Agent:			
Nume of New Registered Agent.		·	
	(Florida street address)		
New Registered Office Address:			
		, Florida	
	(Ciny)	(Zip Code)	
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent. I am	familiar with and accep	ot 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 Valuere 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. 땅 Example: X Change John Doc X Remove V Mike Jones SVX Add Sally Smith Type of Action Title Name Address (Check Onc) 3880 Coconut Creek Parkway, Suite 100 Reuben Veldez, Jr 1) ____ Change Coconut Creck, FL 33066 x ___ Add ___ Remove 2) ____ Change ___ Add _ Remove 3) Change __ Add __ Remove 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) FEI/EIN Number amended to 82-1869303

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The date of each amendment(s) add date this document was signed.	option:	, if other than the		
Effective date if applicable:	(no more than 90 days after amendment file date)			
	ek does not meet the applicable statutory filing requirements, this date will	not be listed as the		
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s) l.			

	bers or members entitled to vote on the amendment(s). The amendment(s) was/we	re
adopted by the bo	2/8/2021 2/8/2021	-8 AM 10:19
Signature		o Antoning
·	(By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
	Saray Djidji	
(Typed or printed name of person signing)		
	Attorney in Fact	_
	(Title of person signing)	