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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	American Craniosacra	l Therapy Associatio	n, Inc.	
	94000005968			
DOCUMENT NUMBER:				
The enclosed Articles of Amen	dment and fee are submi	tted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
Alex Jozefyk				
	(I	Name of Contact Per	son)	
American Craniosacral Therap	y Association, Inc.			
		(Firm/ Company)		
11211 Prosperity Farms Rd., S	Suite D-223			
		(Address)		
Palm Beach Gardens, FL 3341	0			
	(6	City/ State and Zip C	ode)	
alex.jozefyk@iahe.com				
E-n	nail address: (to be used f	or future annual repo	rt notification)
For further information concer	ning this matter, please ca	all:		
Alex Jozefyk		at _	561	622-4334
1)	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ad	dress	Str	et Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

American Craniosacral Therapy Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N94000005968 (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: Alex Jozefyk 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

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: XChange XRemove Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	John M Upledger	11211 Prosperity Farms Rd.
Add			Suite D-223
X Remove			Palm Beach Gardens, FL 33410
2) X Change	V	Kathleen J Woll	8176 SE Palm Street
Add			Hobe Sound, FL 33455
Remove			
3) X Change	S	Dawn Langnes Shear	5704 Interbay Boulevard
Add			Tampa, FL 33611
Remove			
4) Change	PT	Alex Jozefyk	2407 Bellarosa Circle
X Add			Royal Palm Beach, FL 33411
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)						
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The	late of each amendment(s) adoption:, if c	other than th
date	his document was signed.	
Effe	tive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	ed as the
Ado	otion of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	6/15/17 Dated	
	Signature CCCO	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Alex Jozefyk	
	(Typed or printed name of person signing)	
	РТ	
	(Title of percon signing)	