Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000117316 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

01 NOV 28 PM 4:58

BASIC AMENDMENT

THE POWER OF REHABILITATION INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 28, 2001

THE POWER OF REHABILITATION INC. 6741 CORAL WAY SUITE 42 MIAMI, FL 33155

SUBJECT: THE POWER OF REHABILITATION INC.

REF: P01000008413

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Corporate Specialist

FAX Aud. #: H01000117316 Letter Number: 801A00063242

H01000117316

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

THE	POWER OF REHABILITATION	INO.
	PO100008413 (PRESENT NAME)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article# 6 Directors SHAII NOW READ AS FOLLOWS
LESTER ALVIN HAMMOND, III - PRESIDENT
6741 CORAL WAY SUITE # 42 MIAULI FL.33155

OI NOV 28 PM 4: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article # 4 New Registered Agent

LESTER ALVIN HAMMOND, III 6741 CORAL WAY SWITE #42 MIRNN FL 33155

SECOND: 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, are as follows.

NOV-28-01		H01000117318
-	\$, , ,
; * F	OURTH:	Adoption of Amendment(s) (CHECK ONE)
å	×	The amendment(s) was/were approved by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.
	D	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
	r=-3	
		The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	ü	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
-	Sig	med this <u>27</u> day of // , 10 0/
S	ignature _	12 Douts
		(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)
		OR
		(By a director if adopted by the directors)
		(by a director is adopted by the directors)
		OR
		(By an incorporator if adopted by the incorporators)
		~
		IBRAHIM SANTOS
	•	Typed or printed name

LAZARUS CORPORATION

H01000117316

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE